

PETER BENT BRIGHAM  
HOSPITAL " BOSTON

THIRTEENTH  
ANNUAL REPORT  
FOR THE YEAR 1926



CAMBRIDGE  
THE UNIVERSITY PRESS  
1927

## FORM OF BEQUEST

*I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of dollars, the same to be used for the furtherance of its charitable work.*



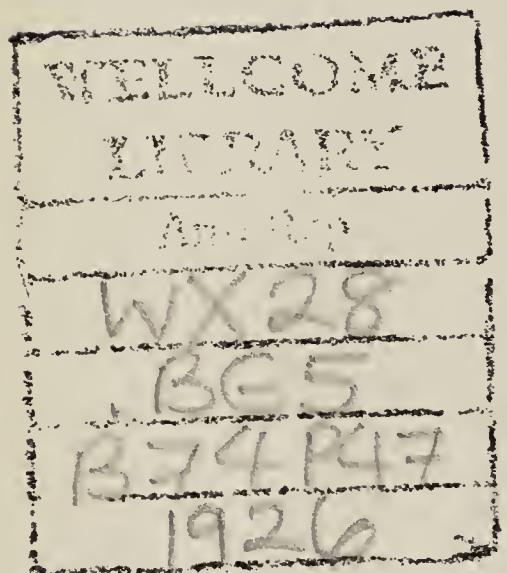
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THIRTEENTH ANNUAL REPORT  
OF THE  
**PETER BENT BRIGHAM**  
**HOSPITAL**

FOR THE YEAR  
1926



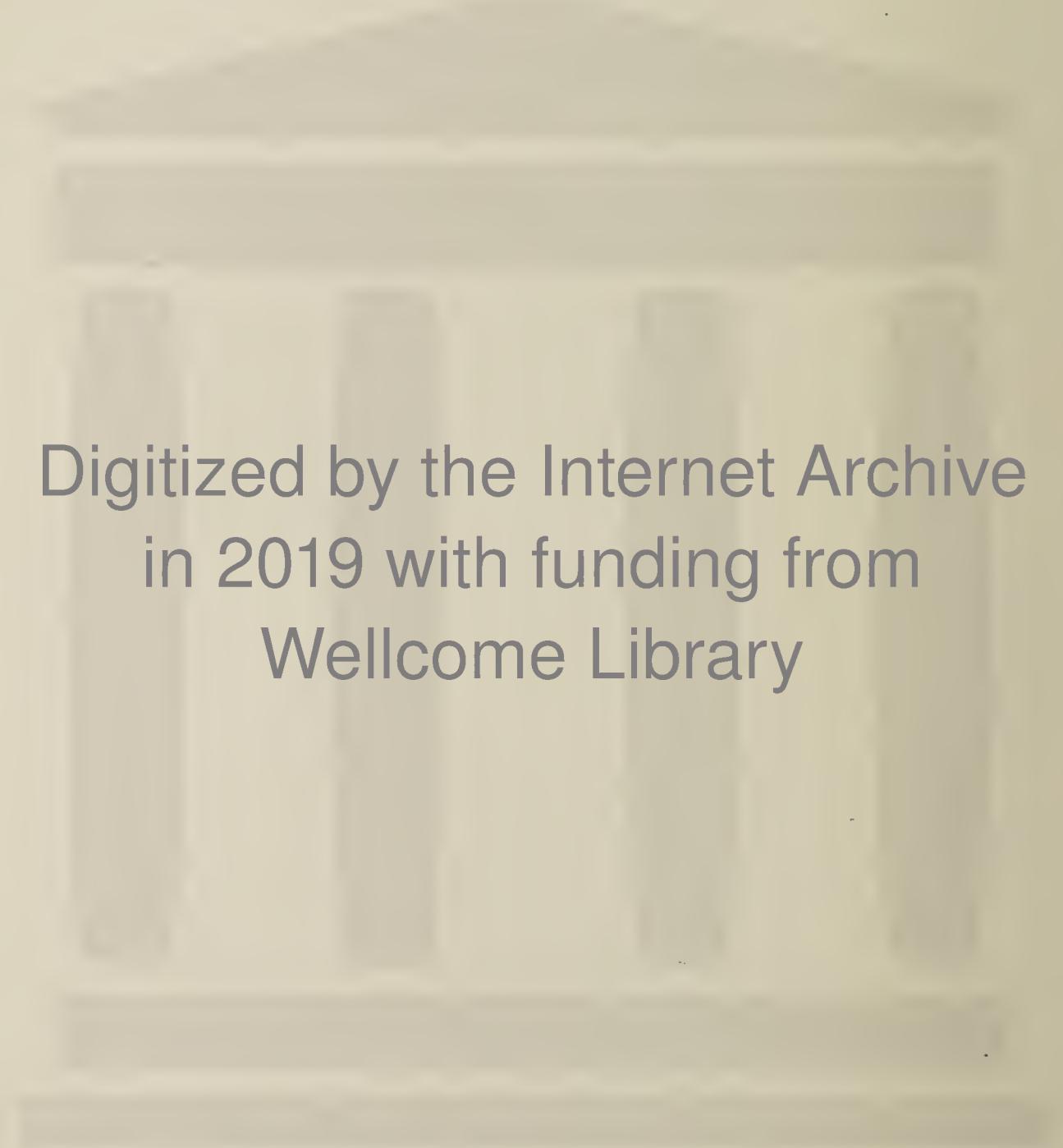
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## President's Report

DURING this year there have been two notable additions to the already substantial list of those who have received at least a part of their education at this hospital and who have been called to positions of importance in other hospitals and medical schools. Dr. Cyrus Cressey Sturgis, who served here as medical house officer from October 15, 1917, to August 22, 1918, Assistant Resident Physician August 25, 1919, to April 15, 1920, Resident Physician, April 15, 1920, to August 1, 1922, Associate, August 1, 1922, to July 1, 1925, and Physician from July 1, 1925, to date, has accepted the position of Director, Thomas Henry Simpson Memorial Institute for Medical Research, Ann Arbor, Michigan, and Professor of Internal Medicine, University of Michigan. He will begin his services there July 1, 1927.

Dr. Emile Holman, who served here as Assistant Resident Surgeon from July 15, 1923, to September 1, 1923, and Resident Surgeon from September 1, 1923, to July 1, 1924, has been appointed Professor of Surgery and Executive Head of the Department of Surgery, Stanford University Medical School, San Francisco, California.

There will be completed this year valuable additions to the Administration Building. The department of the Superintendent of Nurses has never had as much room as was necessary to transact the business of the department, and additions will be made. The offices hitherto furnished to the physicians and

## PETER BENT BRIGHAM HOSPITAL

surgeons of the hospital have never been entirely satisfactory, located as they were on the ground floor of the private ward building. Individual suites of offices will be furnished in the addition to the Administration Building for the purpose of permitting them more easily to transact their private practice in the hospital and allow them to be near at hand to hospital patients in times of necessity.

Many of the residents and house officers living in the hospital have never been provided with adequate quarters. The addition to the Administration Building will give them perhaps better quarters than are generally furnished to residents in other hospitals, and some few rooms will be jealously guarded for distant future growth.

Also, the X-ray Department which, under the direction of Dr. Merrill C. Sosman, has developed into a department of which the Peter Bent Brigham Hospital is justly proud, will be completely remodeled. The rooms will be altered and enlarged to provide adequate space for new apparatus, which will make the department as complete as any in the city.

Attention has been given the past year to the question of protection from fire in the various hospital buildings. Sprinkler systems have been installed in the wards, the domestic building, laboratory buildings, and Administration Building, and all have been equipped with sprinkler alarms and automatic indicators showing in the main office building where any possible fire shall have started.

We have also in the main office a city fire alarm box, connecting with city service. We feel that, as far as possible, the hospital and its inmates are adequately protected against danger from fire.

The hospital acknowledges with gratitude the gifts

REPORT OF THE PRESIDENT

received during the year, a list of which will be found on the pages immediately following this report.

The Board of Incorporators here record their appreciation and gratitude for the faithful services rendered by the staff and employees during the past year.

C. P. CURTIS,  
*President.*

DECEMBER 31, 1926.

# Gifts to the Hospital During the Year 1926

Mr. Jesse Koshland . . . . .	\$25.00
Mr. James G. Rea . . . . .	40.00
Mr. C. P. Curtis for a free bed for year 1926 . . . . .	100.00
Boston Firemen's Relief Association for a free bed for year 1926 . . . . .	200.00
Mr. Augustus Hemenway, gifts to the Fiction Library Fund for the purchase of books . . . . .	200.00
Mr. Augustus Hemenway, 16 volumes Books of Travel donation to the Fiction Library	
Mr. Theodore Lyman . . . . .	500.00
Legacy under will of Anna A. McLean . . . . .	150.00
Legacy under will of Mr. William H. Wellington . . . . .	5,000.00
Mrs. Almena S. Gray, gift to the Philip H. Gray Fund for the furtherance of Neuro-Surgery . . . . .	10,000.00
Committee of the Permanent Charity Fund, Inc., to be used for the general purposes of the Social Service Department . . . . .	2,750.00
Gifts to the Diabetic Research Fund:	
Mrs. Edward C. Streeter . . . . .	50.00
Anonymous . . . . .	338.40

## Gifts to the Social Service Fund:

Mrs. F. W. Sargent . . . . .	\$1,000.00	Mr. Charles P. Curtis . . . . .	\$100.00
Mr. and Mrs. F. Douglas Cochrane . . . . .	100.00	Mr. Augustus Hemenway . . . . .	25.00
Mr. I. Tucker Burr, Jr. . . . .	10.00	Mr. L. H. H. Johnson . . . . .	50.00
Mrs. Richard C. Curtis . . . . .	10.00	Mr. T. H. Brown . . . . .	5.00
Mrs. Charles L. Slattery . . . . .	5.00	Mrs. George H. Lyman . . . . .	10.00
Mr. J. Harleston Parker . . . . .	10.00	Miss Elizabeth Brown . . . . .	10.00
Mr. G. E. Cabot . . . . .	25.00	Mrs. A. Lawrence Lowell . . . . .	25.00
Mrs. Arthur T. Cabot . . . . .	25.00	Miss Sarah Brewer . . . . .	25.00
Mrs. Herman Burr . . . . .	15.00	Mrs. Eliot Hubbard . . . . .	10.00
Mrs. Stephen M. Weld . . . . .	10.00	Miss Olivia Ames . . . . .	10.00
Mrs. Lawrence Hemenway . . . . .	5.00	Mrs. Philip Dexter . . . . .	25.00
Mrs. John Chipman Gray . . . . .	25.00	Mrs. Reginald Foster . . . . .	5.00
Mrs. Frederic Winthrop . . . . .	20.00	Mrs. Donald McKay Frost . . . . .	10.00
Miss Amy Peabody . . . . .	15.00	Mrs. Percival Lombard . . . . .	20.00
Mr. Charles Storrow . . . . .	10.00	Miss Evelyn R. Sturgis . . . . .	25.00
Mrs. Robert W. Lovett . . . . .	25.00	Mrs. J. L. Grandin, Jr. . . . .	25.00
Mrs. Philip Stockton . . . . .	5.00	Mr. Ronald Lyman . . . . .	25.00
Miss Clara Endicott Sears . . . . .	5.00	Mrs. Isabella C. Ingraham . . . . .	5.00
		Mrs. William Aldrich . . . . .	10.00

## GIFTS TO THE HOSPITAL

Mrs. Herbert Lyman . . .	\$10.00	Mrs. Marshall Fabyan . . .	\$5.00
Mrs. Robert W. Emmons .	15.00	Mrs. George P. Denny . . .	25.00
Mrs. H. Pauline Merrick .	25.00	Dr. Francis Peabody . . .	10.00
Mrs. C. P. Curtis . . .	50.00	Mrs. Richard Fisher . . .	25.00
Mrs. Horace Binney . . .	5.00	Mrs. Moses Williams . . .	5.00
Mrs. Henry S. Grew . . .	10.00	Mr. Edward C. Fitz . . .	10.00
Mrs. J. Brooks Feno . .	5.00	Mrs. George B. Blake . . .	25.00
Mrs. Geo. E. Warren . .	25.00	Mr. & Mrs. Norman Cabot	30.00
Mrs. Wm. Amory . . .	10.00	Mrs. W. Scott Fitz . . .	50.00
Miss Ellen F. Mason . .	10.00	Mrs. Washington Thomas	10.00
Miss Ida M. Mason . .	25.00	Dr. and Mrs. John Homans	10.00
Miss Harriet S. Curtis .	10.00	Mrs. R. H. Gardiner, Jr. .	5.00
Mrs. H. V. Greenough . .	10.00	Mrs. Mary Caroline Herter	5.00
Mrs. Amory A. Lawrence .	25.00	Elaine D. Sohier . . . .	5.00
Mrs. Walter C. Baylies .	25.00	Miss Ida G. Beal . . . .	5.00
Mrs. Edw. W. Grew . . .	5.00	Mr. William P. Homans .	20.00
Mrs. Arthur B. Denny .	25.00	Mrs. C. C. Ely . . . . .	5.00
Miss Fannie M. Faulkner .	20.00	Miss Jane B. Hunnewell .	20.00
Mr. G. G. Peters . . . .	50.00	Miss Margaret Warren . .	5.00
Miss Ellen Bullard . . . .	10.00	Mrs. William Hooper . .	10.00
Mrs. Edwin Davies . . .	10.00	Mrs. Sidney M. Williams .	10.00
Mrs. Henry G. Brooks . .	5.00	Miss Mary Hunnewell . .	10.00
Mrs. Henry B. Chapin . .	10.00	Mrs. Henry P. Binney . .	25.00
Mrs. William Whitman, Jr.	10.00	Mrs. Malcolm Donald . .	10.00
Mrs. Francis C. Hall . .	10.00	Mrs. Harry L. Bailey . .	60.00
Mrs. Richard D. Sears .	10.00	Mrs. C. Ashley Hardy . .	15.00
Mrs. William Emerson . .	50.00	Mr. Francis W. Hunnewell	100.00
Mrs. John P. Reynolds .	25.00	Mrs. John C. Lee . . . .	10.00
Mrs. James H. Ropes . .	5.00	Mrs. John C. Phillips . .	10.00
Mrs. Philip Dalton . . .	5.00	Miss Katherine A. Homans	10.00
Mrs. Hilbert F. Day . . .	5.00	Mr. W. S. Peele . . . . .	100.00
Mrs. H. D. Chandler . . .	5.00	Mrs. Shepherd Brooks . .	100.00
Mrs. Henry Lyman . . .	15.00	Mrs. L. A. Frothingham .	25.00
Miss Louisa Hunnewell . .	20.00	Mrs. Robert Saltonstall .	25.00
Mrs. Joseph B. Howland .	10.00	Mrs. James J. Storrow, Jr.	10.00
Mrs. J. A. L. Blake . . .	10.00	Mrs. Charles W. Whittier .	10.00
Mrs. Gordon Abbott . . .	10.00	Mrs. Gilbert Horrax . . .	10.00
Mrs. Edward J. Holmes .	5.00	Mrs. Robert Gould Shaw .	10.00
Dr. & Mrs. David Cheever	25.00	Mrs. Walter Hunnewell .	25.00
Mr. Henry J. Sargent . .	100.00	Mrs. F. Murray Forbes . .	100.00
Mrs. James Jackson, Jr. .	10.00	Mrs. Arthur Rotch . . .	50.00
Mrs. Henry S. Howe . . .	25.00	Miss Mary F. Bartlett . .	10.00
Mrs. Arnold W. Hunnewell	25.00	Dr. Harvey Cushing . . .	50.00
Mrs. Edward A. Taft . .	10.00	Mrs. J. L. Bremer . . . .	25.00
Mrs. Neal Rantoul . . .	25.00	Mrs. Henry A. Morss . .	25.00
Mrs. John L. Thorndike .	10.00	Mrs. Harcourt Amory . .	5.00
Mrs. W. Rodman Peabody	10.00	Mrs. Pierpont L. Stackpole	60.00
Mrs. R. T. Paine, 2nd . .	15.00	Mrs. Collset Caner . . .	5.00
Mrs. L. P. Stackpole . .	250.00	Mrs. Everett Morss . . .	5.00
Mrs. M. G. Houghton . .	10.00	Mrs. John S. Ames . . . .	10.00
Mrs. S. H. Wolcott . . .	10.00	Miss Edith Fitz . . . . .	10.00

# PETER BENT BRIGHAM HOSPITAL

Mrs. R. H. Fitz . . . .	\$10.00	Mrs. Ellerton James . . .	\$5.00
Mr. Gordon Dexter . . .	25.00	Mrs. Thomas S. Blumer .	5.00
Miss Rose L. Dexter . . .	25.00	Mrs. Fred T. Honeyman .	25.00
Mrs. W. A. L. Baltzell . .	25.00	Mrs. Roger B. Merriam .	20.00
Mrs. Philip Saltonstall . .	5.00	Mrs. T. Jefferson Coolidge	25.00
Mrs. Hugh Ogden . . . .	10.00	Mrs. David Cheever . . .	229.00
Mrs. H. G. Byng . . . .	10.00	Miss Hersey's School Association . . . . .	200.00
Anonymous in memory of Mr. Wm. H. Wellington	100.00	Proceeds of Fair in aid of	
Mr. William Amory . . .	500.00	Social Service Fund . . .	651.85

## Free Bed Fund

Alexander Cochrane Free Bed . . . .	\$10,000.00
Walter Hunnewell Free Bed . . . .	10,000.00
Miss Aimee Lamb (In memory of Mrs. Winthrop Sargent) . . . . .	5,000.00
Theodore Lyman Free Bed . . . .	1,000.00 for ten years
Boston Firemen's Relief Association Free Bed . . . . .	200.00 for one year
Charles P. Curtis Free Bed . . . .	100.00 for one year

# Report of the Treasurer

A STATEMENT of receipts of income from investments and of payments therefrom out of the office of the Treasurer for the year ending December 31, 1926, is as follows:

## INCOME

### Real Estate Receipts

Rents . . . . .	\$187,377.78
Taxes paid by tenants . . . . .	33,002.38
Insurance paid by tenants . . . . .	3,270.29
Portland St. Power Plant net receipts . . . . .	857.99      \$224,508.44
	<hr/>

### Interest on investments

On bonds . . . . .	\$51,308.00
On special certificate of deposit . . . . .	604.09
On mortgages . . . . .	5,697.50
	<hr/>
	\$57,609.59

Dividends . . . . .	24,058.38	81,667.97
	<hr/>	

Bank interest . . . . .	988.45
	<hr/>

Total income . . . . .	\$307,164.86
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## EXPENDITURES

Taxes . . . . .	\$92,887.80
Building repairs, etc. . . . .	8,966.53
Insurance . . . . .	4,976.65
Salaries . . . . .	7,800.00
Legal expenses . . . . .	685.00
Audit . . . . .	550.00
Safe deposit box rent . . . . .	70.00
	<hr/>

Amounts carried forward . . . . .	\$115,935.98	\$307,164.86
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REPORT OF THE TREASURER

<i>Amounts brought forward</i>	\$115,935.98	\$307,164.86
City maps showing Real Estate investments . . . . .	35.00	
Copies of will Peter B. Brigham . . . . .	7.00	
 Total expenditures . . . . .	\$115,977.98	
Bond premiums amortized . . . . .	639.76	116,617.74
  Transferred to Portland Street Power Plant Depreciation Account . . . . .	\$857.99	
Transfer of income applicable to the following funds for year 1926:		
Surgeon-in-Chief Fund . . . . .	1,391.67	
John P. Reynolds' Scholarship Fund . . . . .	125.00	2,374.66
 Net investment income available for Hospital operating expenses . . . . .	\$188,172.46	
Net payments for hospital operating expenses as shown by Superintendent's statement appended	\$189,825.59	
Loss in Superintendent's supplies . . . . .	5,082.91	194,908.50
 Deficit for year 1926 . . . . .	\$6,736.04	
Transfer of balance of reserved income from previous years . . . . .	2,931.24	
 Net deficit charged to General Fund . . . . .	\$3,804.80	

SCHEDULE OF PROPERTY

Land and buildings occupied for Hospital, including furniture and fixtures . . . . .	\$2,170,819.26
Mortgages . . . . .	90,800.00
Land and buildings:	
166-210 Portland Street . . . . .	786,999.22
 <i>Amount carried forward</i> . . . . .	\$3,048,618.48

PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward . . . . .</i>	<i>\$3,048,618.48</i>
38-54 Scollay Square (formerly 5-11 Tremont Row) . . . . .	493,221.99
224-230 Congress Street . . . . .	99,961.97
108-114 Lincoln Street . . . . .	180,839.51
223-225 Washington Street . . . . .	220,000.00
91-95 Portland Street . . . . .	75,957.25
67-69 Commercial Street . . . . .	73,999.76
1-3 Bowdoin Street . . . . .	54,452.51
148-150 Hanover Street . . . . .	60,787.78
1-7 Sudbury Street . . . . .	70,159.03
4-14 Cambridge Street (formerly 88-92 Court Street) . . . . .	192,888.53
94-98 Arch and 13-17 Otis Streets . . . . .	166,668.88
Land corner Albany and Dover Streets . . . . .	110,221.90
1,000 shares Boston & Maine R.R. Co. pfd. A	129,432.68
120 shares Boston & Maine R.R. Co. P. P.	
pfd. 25% paid . . . . .	3,000.00
100 shares Boston & Albany R.R. Co. . . . .	25,800.00
524 shares Vermont & Mass. R.R. Co. . . . .	91,700.00
450 shares Old Colony R.R. Co. . . . .	93,150.00
183 shares Nashua, Acton & Boston R.R. Co.	183.00
300 shares State Street Exchange . . . . .	25,960.00
50 shares Boston Real Estate Trust . . . . .	58,514.25
150 shares Hotel Trust (Touraine) . . . . .	15,900.00
100 shares South Terminal Trust . . . . .	10,300.00
100 shares Newport Electric Corp. . . . .	13,278.33
1,000 shares Berkeley Hotel Trust . . . . .	65,000.00
300 shares New York Central & Hudson River R.R. Co. . . . .	29,367.95
100 shares Chicago, Milwaukee & St. Paul R.R. Co. . . . .	14,760.70
220 shares Pennsylvania R.R. Co. . . . .	11,731.88
1,500 shares New York, New Haven, & Hartford R.R. Co. . . . .	28,500.00
\$150,000 American Telephone & Telegraph Co., 4% bonds, due 1929 . . . . .	139,887.50
60,000 Portland & Ogdensburg R.R. Co., 4½% bonds, due 1928 . . . . .	60,161.01
<i>Amount carried forward . . . . .</i>	<i>\$5,664,404.89</i>

REPORT OF THE TREASURER

<i>Amount brought forward</i>	.. . . . .	\$5,664,404.89
25,000 Long Island R.R. Co., Gold Debenture 5% bonds, due 1934 .. .		24,000.00
5,000 Kansas City, Memphis Railway & Bridge Co., 5% bonds, due 1929 .		5,021.97
100,000 Chicago, Burlington & Quincy R.R. Co., Ill. Div., 3½% bonds, due 1949		89,077.50
20,000 Washington Water Power Co., 5% bonds, due 1939 .. . . . .		20,211.51
50,000 Boston & Maine R.R. Co., 4½% and 5% bonds, due 1944 .. . . .		50,510.50
50,000 Interborough Rapid Transit Co., 5% bonds, due 1966 .. . . . .		49,500.00
50,000 Burlington Cedar Rapids & Northern R.R. Co., 5% bonds, due 1934 ..		52,067.03
25,000 New York Central & Hudson River R.R. Co., 1st mortgage 3½% bonds, due 1997 .. . . . .		21,875.00
50,000 Cleveland, Lorain & Wheeling R.R. Co., 5% bonds, due 1933 .. . .		51,735.51
25,000 New York Central & Hudson River R.R. Co., Debenture 4% bonds, due 1934 .. . . . .		23,937.50
25,000 Northern Pacific R.R. Co., Prior Lien 4% bonds, due 1997 .. . . . .		24,781.25
50,000 Eastern Mass. Street Ry. Co., series A 4½% bonds, due 1948 .. . .		
2,500 Eastern Mass. Street Ry. Co., series D 6% bonds, due 1948 .. . .		41,750.00
300 Eastern Mass. Street Ry. Co., series C 6% bonds, due 1927 .. . .		
25,000 Quincy Market Realty Co., 5% bonds, due 1964 .. . . . .		25,000.00
28,000 General Electric Co., 3½% bonds, due 1942 .. . . . .		23,170.00
56,800 Pere Marquette Ry. Co., 1st mortgage 5% bonds, due 1956 .. . . .		49,420.00
3,000 Pennsylvania R.R. Co., 4% bonds, due 1948 .. . . . .		2,880.00
<i>Amount carried forward</i>	.. . . . .	\$6,219,342.66

PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward . . . . .</i>	\$6,219,342.66
\$50,000 Atchison, Topeka & Santa Fé Ry. Co., Trans-Continental Short Line, 4% bonds, due 1958 . . . . .	47,500.00
50,000 Illinois Steel Co., 4½% bonds, due 1940 . . . . .	47,375.00
15,000 Boston & Albany R.R. Co. Equipment 4½% bonds, due 1927 . . . . .	14,340.00
50,000 Liberty Loan, 4¼% bonds, due 1928	50,000.00
50,000 Liberty Loan, 4¼% bonds, due 1938 . . . . .	50,000.00
25,000 Cedars Rapids Mfg. & Power Co., 1st mortgage, 5% S. Fd. bonds, due 1953 . . . . .	24,250.00
20,000 Milwaukee Electric Railway & Light Co., Ref'd. Ext'n. Mtge., 4½% bonds, due 1931 . . . . .	18,500.00
15,000 Montreal Light & Power Co., 1st mortgage, 4½% bonds, due 1932 .	13,875.00
10,000 Atchison, Topeka & Santa Fé R.R. Co., East Okla. Div., 1st mortgage, 4% bonds, due 1928 . . . . .	9,649.60
15,000 Baltimore & Ohio R.R. Co., So. West. Div., 5% bonds, due 1950 . . . . .	14,887.50
Accounts receivable, Rent insurance award Est., 108-114 Lincoln Street . . .	7,297.41
Cash:	
Operating Expense Fund . . .	\$20,000.00
In hands of Superintendent : . .	254.00
	<hr/>
	\$20,254.00
Less Overdraft at bank . . .	6,726.27
	<hr/>
Superintendent's Inventories . .	13,527.73
	<hr/>
	52,807.55
	<hr/>
	\$6,583,352.45

Included in the above schedule of  
property are the following  
Special Funds:

DIABETIC RESEARCH FUND . . . . . 55.77

*Amounts carried forward . . . . .* \$55.77 \$6,583,352.45

REPORT OF THE TREASURER

<i>Amounts brought forward . . . . .</i>	<i>\$55.77 \$6,583,352.45</i>
PHILIP H. GRAY FUND for the furtherance of Neuro-Surgery .	7,780.72
JOHN P. REYNOLDS MEMORIAL FUND . . . . .	1,000.00
HEMENWAY SQUASH COURT . . .	11,050.00
SURGICAL DRESSING FUND — Donation from the New England Surgical Dressing Committee .	10,000.00
SURGEON-IN-CHIEF FUND . . . .	27,833.33
JOHN P. REYNOLDS SCHOLARSHIP FUND . . . . .	2,500.00
RADIUM FUND . . . . .	3,000.00
ALEXANDER COCHRANE FREE BED FUND . . . . .	10,000.00
THEODORE LYMAN FREE BED FUND . . . . .	1,000.00
AIMEE LAMB FREE BED FUND in memory of Mrs. Winthrop Sargent . . . . .	5,000.00
WALTER HUNNEWELL FREE BED FUND . . . . .	10,000.00
FICTION LIBRARY FUND . . . .	136.20
SOCIAL SERVICE FUND . . . . .	.05
	89,356.07
	\$6,493,996.38

Viz:

Peter Bent Brigham Hospital accounts . . . . .	\$6,485,598.58
Portland Street Power Plant— depreciation account . . .	4,724.82
Surgeon-in-Chief Fund — income account . . . . .	3,471.13
John P. Reynolds Scholarship Fund — income account . .	201.85
	\$6,493,996.38

E. D. CODMAN,  
*Treasurer.*

## Report of the Superintendent

FOLLOWING is the thirteenth annual report of the Superintendent upon the work of the Peter Bent Brigham Hospital.

There were admitted to the wards during the year 4,402 patients as compared with 4,422 during 1925. While the number of patients admitted was slightly less, the number of days' treatment was 75,742, which was 3,331 more than the previous year.

In the Out-Door Department 6,192 new patients were admitted, and the total number of visits, old and new, was 55,632. During the previous year the figures were 7,081 new patients, total visits 60,291.

The daily per capita cost for all house patients, based on the total expenditures in all departments of the hospital (excepting the amount paid graduate nurses employed at the expense of patients for special duty), was \$6.97-. Deducting the cost of operating the Out-Door Department and the private ward, the daily per capita cost per patient was \$6.12+. The costs for the previous year were \$7.12- and \$6.21+ respectively.

Detailed comparisons and statistics are given in Table II on page 24.

The daily per capita cost of food was .48- as compared with .48+ in 1925.

The School of Nursing had an uneventful year. The affiliations with the Children's Hospital, Boston Lying-In Hospital, Massachusetts Eye and Ear In-

## REPORT OF THE SUPERINTENDENT

firmary, and the McLean Hospital, the latter two of which are optional, have been satisfactory.

The Dietetic Department has continued under the able direction of Miss Thelma Tubbs. Miss A. Rosina Vance, Administrative Assistant, resigned to accept the position of Dietitian at the Massachusetts General Hospital. Miss Doris Keller, a former student dietitian with us, was appointed to fill the vacancy.

Twelve young women from various universities and colleges have satisfactorily completed our six months' course for Student Dietitians and were granted certificates during the year.

The total number of special diets prepared in the Diet Kitchen during the year was 18,598, about the same number as last year. Thirty different types of diets were represented in this total as follows: Diabetic, 2,653; Standard Nephritis, 1,136; Low Protein, 1,885; High Caloric, 553; Obesity, 625; Sippy, 1,243; Typhoid, 348; Colitis, 629; Hyperthyroid, 161; Extra Diets, 6,984. Special anemia diets to the number of 1,869 were prepared in coöperation with Drs. Minot and Murphy, who have made important contributions to therapy of Pernicious Anemia by means of special diets.

The appointment system for patients seen in the Out-Door Department has worked well. Much thought is being given to means for giving more time to each new patient coming to this department. We are more and more coming to realize that ambulatory patients suffering from early disorder of the body are deserving of the most careful diagnosis and detailed advice.

We must organize our Out-Door Departments until they compare more favorably with the wards

## PETER BENT BRIGHAM HOSPITAL

in respect to time spent on diagnosis and advice. To do this, we must have greater laboratory facilities and more physicians and nurses in order that our share of the Community Out-Patient work may be well done.

The trend of medical thought is toward prophylaxis and public health betterment, and to accomplish what needs to be done, more and better out-patient clinics are needed in Boston.

Good progress has been made in the addition to the Administration Building, which was authorized by the Corporation early in the year. With its completion, we shall have an entirely new and enlarged X-ray Department, a new and model Diet Laboratory, important extensions of office space, and the necessary room for housing the resident staff, several of whom are now obliged to live outside the hospital.

The Zander Room in the Out-Door Department, used for several years as a nurses' dormitory and vacated last year on completion of the addition to the Nurses' Residence, is now being used for clinics. Although it helps solve the problem of large clinics and classes, it is not suitable for much of the student teaching and for the examination of patients.

The one half of the third floor of the Out-Door Department, which has never been finished into rooms, should be completed to help us do better work and more teaching. This we have been advocating for the past two years.

The report of the Physician-in-Chief on page 114 should be carefully read by those interested in out-patient work.

10,554 books were circulated from the Fiction Library during the year. The Librarian makes frequent visits to the wards in an attempt to give the

## REPORT OF THE SUPERINTENDENT

patients the type of reading matter that will interest them. The great demand is for popular novels. We have distributed books in Yiddish, Italian, German, French, Greek, and Polish. One hundred books were added to the Library by purchase, 142 books were given to the hospital, and 78 foreign books were borrowed from the Public Library Commission, State House, Boston. We welcome gifts to the Library, particularly novels.

We wish to take this opportunity to thank all of the faithful officers and employees, by whose earnest effort alone could the hospital perform its work as well as it has.

May I also thank the members of the Corporation for the encouragement and assistance they have unfailingly given me.

JOSEPH B. HOWLAND,  
*Superintendent.*

DECEMBER 31, 1926

PETER BENT BRIGHAM HOSPITAL

Table I

Table of Medical and Surgical Diseases Reported in  
Terms of International Classification

JANUARY 1, 1926, TO JANUARY 1, 1927

	DISEASES	MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
<b>I. EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES</b>						
1	Typhoid and paratyphoid fever . . . . .	7	1	1	..	1
7	Measles . . . . .	3	..	1	..	..
10	Diphtheria . . . . .	..	..	2	..	1
11	Influenza . . . . .	3	..	..	..	6
13	Mumps . . . . .	..	..	..	..	3
16	Dysentery, amebic . . . . .	2	..	..	..	..
21	Erysipelas . . . . .	1	..	1	..	2
23	Lethargic encephalitis . . . . .	2	..	..	..	7
24	Meningitis . . . . .	1	1	..	..	..
25	Other epidemic and endemic diseases . . .	36	..	1	..	150
30	Mycoses . . . . .	..	..	..	..	1
31	Tuberculosis of respiratory system . . . .	83	2	14	..	102
33	Tuberculosis of intestines and peritoneum .	6	..	7	1	6
34	Tuberculosis of vertebral column . . . .	2	..	..	..	2
36	Tuberculosis of other organs . . . . .	11	..	31	1	22
37	Disseminated tuberculosis . . . . .	3	2	1	..	..
38	Syphilis ( <i>see also</i> tabes dorsalis and general paralysis of the insane) . . . . .	158	2	25	1	130
39	Soft chancre . . . . .	4	..	..	..	4
40	Gonococcus infection . . . . .	16	..	24	..	67
41	Purulent infection, septicemia . . . . .	14	5	31	..	18

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	DISEASES	MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
II. GENERAL DISEASES NOT INCLUDED ABOVE						
43	Cancer and other malignant tumors of the buccal cavity . . . . .	..	..	7	1	6
44	Cancer and other malignant tumors of the stomach and liver . . . . .	9	..	28	10	19
45	Cancer and other malignant tumors of the peritoneum, intestines, and rectum . . .	28	1	30	8	22
46	Cancer and other malignant tumors of the female genital organs . . . . .	1	..	14	3	14
47	Cancer and other malignant tumors of the breast . . . . .	3	..	29	1	14
48	Cancer and other malignant tumors of the skin . . . . .	1	..	2	..	1
49	Cancer and other malignant tumors of other and unspecified organs . . . . .	29	7	61	5	17
	Malignant tumors of nervous system (verified) . . . . .	..	..	85	20	..
50	Benign tumors and tumors not returned as malignant (tumors of the female genital organs excepted) . . . . .	6	1	6	..	..
51	Acute rheumatic fever . . . . .	22	..	3	..	18
52	Chronic rheumatism, osteoarthritis, gout .	4	..	9	..	12
54	Pellagra . . . . .	1	..	..	..	..
56	Rickets . . . . .	3	..	1	..	7
57	Diabetes mellitus . . . . .	84	2	40	3	96
58	Anemia . . . . .	90	1	40	..	28
59	Diseases of the pituitary gland . . . . .	2	..	74	5	8
60	Diseases of the thyroid gland . . . . .	50	..	25	2	69
63	Diseases of the adrenals (Addison's disease)	2	..	..	..	..
64	Diseases of the spleen . . . . .	3	..	..	..	..
65	Leukemia and Hodgkin's disease . . . . .	24	5	2	..	11
66	Alcoholism (acute or chronic) . . . . .	7	..	7	..	13
67	Chronic poisoning by mineral substances .	5	..	..	..	3
68	Chronic poisoning by organic substances .	5	..	3	..	6
69	Other general diseases . . . . .	39	3	16	..	137
III. DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE						
70	Encephalitis (does not include Encephalitis lethargica) . . . . .	5	1	9	3	1

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	DISEASES	MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
71	Meningitis (does not include meningitis specified as meningococcic, tuberculous, rheumatic, etc.) . . . . .	5	1	10	1	3
72	Tabes dorsalis (Locomotor ataxia) . . . . .	8	..	3	..	13
73	Other diseases of the spinal cord . . . . .	21	..	34	1	22
74	Cerebral hemorrhage, apoplexy . . . . .	33	3	4	..	10
75	Paralysis without specified cause . . . . .	15	..	8	..	8
76	General paralysis of the insane . . . . .	1	..	..	..	1
77	Other forms of mental alienation . . . . .	28	..	27	..	36
78	Epilepsy . . . . .	7	..	11	..	34
79	Convulsions (non-puerperal) (5 years and over) . . . . .	1	..	4	..	13
80	Infantile convulsions (under 5 years of age) . . . . .	..	..	1	..	..
81	Chorea . . . . .	9	..	..	..	14
82	Neuralgia and neuritis . . . . .	16	..	52	..	44
83	Softening of the brain . . . . .	..	..	..	..	3
84	Other diseases of the nervous system . . . . .	117	..	33	1	283
	Tumors of the nervous system (verified) . . . . .	..	..	48	5	..
	Tumors of the nervous system (unverified) . . . . .	..	..	61	2	..
	Tumors of the nervous system (suspect) . . . . .	6	..	75	3	..
85	Diseases of the eye and annexa . . . . .	57	..	15	..	47
86	Diseases of the ear and of the mastoid process . . . . .	13	..	14	..	24
<b>IV. DISEASES OF THE CIRCULATORY SYSTEM</b>						
87-90	Diseases of the heart . . . . .	482	53	73	1	783
91 & 92	Diseases of the arteries . . . . .	325	2	51	3	142
93	Diseases of the veins (varices, hemorrhoids, phlebitis, etc.) . . . . .	78	..	112	..	289
94	Diseases of the lymphatic system (lymphangitis, etc.) . . . . .	4	..	27	..	51
95	Hemorrhage without specified cause . . . . .	..	..	4	..	9
96	Other diseases of the circulatory system . . . . .	358	4	49	..	47
<b>V. DISEASES OF THE RESPIRATORY SYSTEM</b>						
97	Diseases of the nasal fossae and the annexa . . . . .	11	..	5	..	28
98	Diseases of the larynx . . . . .	5	..	2	..	16
99	Bronchitis . . . . .	77	1	17	..	188
100	Bronchopneumonia (including capillary bronchitis) . . . . .	75	18	35	1	..

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	DISEASES	MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
101	Pneumonia . . . . .	54	11	3	..	8
102	Pleurisy . . . . .	75	2	23	1	38
103	Congestion and hemorrhagic infarct of the lung . . . . .	19	..	..	..	..
104	Gangrene of the lung . . . . .	1	..	..	..	..
105	Asthma . . . . .	52	..	..	..	306
106	Pulmonary emphysema . . . . .	17	..	..	..	14
107	Other diseases of the respiratory system . . . . .	18	1	4	..	6
<b>VI. DISEASES OF THE DIGESTIVE SYSTEM</b>						
108	Diseases of the mouth and annexa . . . . .	283	..	13	..	100
109	Diseases of the pharynx and tonsils . . . . .	99	..	66	..	136
110	Diseases of the esophagus . . . . .	6	..	5	..	6
111	Ulcer of the stomach and duodenum . . . . .	83	1	48	8	103
112	Other diseases of the stomach (cancer excepted) . . . . .	37	..	9	..	88
114	Diarrhea and enteritis (2 years and over) . . . . .	31	..	11	1	77
116	Diseases due to intestinal parasites . . . . .	8	..	2	..	8
117	Appendicitis and typhilitis . . . . .	5	..	182	4	91
118	Hernia, intestinal obstruction . . . . .	73	..	217	6	206
119	Other diseases of the intestines . . . . .	68	..	64	4	395
120	Acute yellow atrophy of the liver . . . . .	2	1	1	1	..
121	Hydatid tumor of liver . . . . .	..	..	1	..	..
122	Cirrhosis of liver . . . . .	17	3	2	..	2
123	Cholelithiasis and cholecystitis . . . . .	25	..	105	1	49
124	Other diseases of the liver . . . . .	56	1	27	1	69
125	Diseases of the pancreas . . . . .	1	..	10	1	1
126	Peritonitis without specified cause . . . . .	6	..	24	..	5
127	Other diseases of digestive system (cancer and tuberculosis excepted) . . . . .	1	..	3	..	..
<b>VII. NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA</b>						
128	Acute nephritis . . . . .	11	..	3	1	6
129	Chronic nephritis . . . . .	78	26	11	1	47
131	Other diseases of kidneys and annexa (diseases of the kidneys in pregnancy excepted) . . . . .	36	..	67	3	27
132	Calculi of the urinary passages . . . . .	3	..	54	2	45

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	DISEASES	MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
133	Diseases of the bladder . . . . .	13	..	30	..	4
134	Diseases of the urethra, urinary abscess, etc.	1	..	19	1	2
135	Diseases of the prostate . . . . .	23	..	58	7	2
136	Non-venereal diseases of the male genital organs . . . . .	11	..	38	..	94
137	Cysts and other benign tumors of the ovary	6	..	30	..	25
138	Salpingitis and pelvic abscess . . . . .	2	..	48	..	91
139	Benign tumors of the uterus . . . . .	10	..	62	..	48
140	Non-puerperal uterine hemorrhage . . . . .	1	..	12	..	22
141	Other diseases of the female genital organs .	57	..	143	1	462
142	Non-puerperal diseases of the breast (cancer excepted) . . . . .	3	..	16	..	18
VIII. THE PUPERAL STATE						
143	Accidents of pregnancy . . . . .	1	..	28	3	13
	Pregnancy normal . . . . .	8	..	8	..	27
144	Puerperal hemorrhage . . . . .	..	..	1	..	..
147	Puerperal phlebitis . . . . .	1	..	..	..	..
148	Puerperal albuminuria and convulsions .	1	..	1	..	..
149	Following childbirth (not otherwise defined)	1	..	..	..	..
150	Puerperal diseases of breast . . . . .	..	..	..	..	1
IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE						
151	Gangrene . . . . .	..	..	7	..	4
152	Furuncle . . . . .	7	..	13	1	235
153	Acute abscess . . . . .	1	..	48	1	110
154	Other diseases of the skin and annexa . . .	58	..	45	..	441
X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION						
155	Diseases of the bones (tuberculosis excepted)	26	..	27	..	56
156	Diseases of the joints (tuberculosis and rheumatism excepted) . . . . .	88	..	16	..	343
158	Other diseases of organs of locomotion . . .	19	..	16	..	197
XI. MALFORMATIONS						
159	Congenital malformations . . . . .	12	..	36	..	19

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	DISEASES	MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
	XII. EARLY INFANCY					
	No cases	..	..	..	..	..
	XIII. OLD AGE					
164	Senility . . . . .	6	..	3	..	4
	XIV. EXTERNAL CAUSES					
165	Suicide by liquid poisons . . . . .	1	..	..	..	..
176	Poisoning by venomous animals . . . . .	..	..	..	..	3
177	Other acute accidental poisonings (gas excepted) . . . . .	5	..	2	..	2
178	Conflagration . . . . .	..	..	1	..	..
179	Accidental burns (conflagration excepted) .	2	..	3	..	68
180	Accidental mechanical suffocation . . . . .	..	..	1	..	1
181	Accidental absorption of irrespirable or poisonous gas . . . . .	1	..	..	..	3
183	Accidental traumatism by firearms (weapons of war excepted) . . . . .	..	..	3	1	7
184	Accidental traumatism by cutting or piercing instruments . . . . .	1	..	17	..	119
185	Accidental traumatism by fall . . . . .	3	..	57	2	422
187	Accidental traumatism by machines . . . . .	2	..	9	..	67
188	Accidental traumatism by other crushing (vehicles, railways, landslides, etc.) . . .	1	..	77	9	302
189	Injuries by animals (not poisoning) . . . . .	..	..	2	..	32
192	Starvation . . . . .	..	..	..	..	2
201	Fracture (cause not specified) . . . . .	1	..	..	..	..
202	Other external violence (cause specified) .	2	..	17	..	1068
203	Other external violence (cause not specified)	..	..	1	..	1
	XV. ILL-DEFINED DISEASES					
204	Sudden death . . . . .	..	..	..	..	1
205	Diseases not specified or ill-defined . . . . .	37	..	79	..	1137
	No disease . . . . .	14	..	11	..	172

PETER BENT BRIGHAM HOSPITAL

Comparative Tables of Statistics

Table II

HOSPITAL WARDS AND SINGLE ROOMS

	1926	1925
Patients in hospital first of year:		
Medical . . . . .	84	86
Surgical . . . . .	98	95
	182	181
Patients admitted during the year:*		
Medical . . . . .	2,111	1,968
Surgical . . . . .	2,291	2,454
	4,402	4,422
Patients treated in hospital wards and private rooms during the year:		
Medical . . . . .	2,195	2,054
Surgical . . . . .	2,389	2,549
	4,584	4,603
Patients discharged during the year:		
Well . . . . .	729	1,003
Improved . . . . .	2,580	2,294
Unimproved . . . . .	278	312
Untreated . . . . .	496	499
Died . . . . .	305	313
	4,388	4,421

\* The apparent discrepancy between these figures and those shown in Medical and Surgical tables on pages 113 and 161 are explained by the latter tables including transfers from Medical to Surgical and *vice versa*.

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	1926	1925
Patients in hospital end of year:		
Medical . . . . .	93	84
Surgical . . . . .	103	98
Total . . . . .	196	182
Total patients days' treatment		
Paying patients . . . . .	48,659	44,583
Part paying patients . . . . .	10,660	12,919
Free patients . . . . .	16,423	14,909
Total . . . . .	75,742	72,411
Percentage:		
Paying patients . . . . .	64+	62-
Part paying patients . . . . .	14+	18-
Free patients . . . . .	22-	21-
Total . . . . .	100	100
Average patients per day:		
Paying patients . . . . .	133+	122+
Part paying patients . . . . .	29+	35+
Free patients . . . . .	45-	41-
Total . . . . .	208-	198+
Average time per patient in hospital .	17+ days	16+ days
Daily average cost per patient . . . . .	\$6.97-	\$7.12-
Daily cost per capita for provisions for all persons supported . . . . .	.48-	.48+
Patients were admitted as follows:		
Paying regular rate . . . . .	2,951	2,971
Paying less than regular rate . . .	454	536
Free . . . . .	997	915
Total . . . . .	4,402	4,422

**OUT-DOOR DEPARTMENT**

Number of new cases treated . . . . .	6,192	7,081
Medical . . . . .	2,891	3,182
Surgical . . . . .	3,131	3,634
Urological . . . . .	170	265

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	1926	1925
Number of visits . . . . .	55,632	60,291
Medical . . . . .	28,899	30,220
Surgical . . . . .	23,062	24,913
Urological . . . . .	3,671	5,158

Cost of maintenance of Out-Door De-		
partment . . . . .	\$36,188.43	\$33,753.42
Daily average cost per patient . . .	.65+	.56—

AMBULANCE

Ambulance calls during the year . . .	641	675
Average calls per day . . . . .	1+	2—
Mileage for patients . . . . .	3,615	3,915
Other business . . . . .	719	2,819
<hr/>	<hr/>	<hr/>
Total mileage . . . . .	4,334	6,734

REPORT OF THE SUPERINTENDENT

**Table III**

YEAR	Expenses	Receipts	Number of patients admitted to wards	Total days' treatment	Average hospital stay in days	Average cost per patient per day	Daily cost per capita for provisions	Daily cost per capita for care	Average cost per day for hospital	Average cost per day for maintenance	Out-Door Department		
											New cases treated	Visits	Average cost per visit
1913	\$190,510.41	\$36,571.58	1,370	25,157	20—days	\$7.02—	\$0.53—				8,347	30,434	\$0.33+
1914	256,423.25	69,251.23	2,843	49,295	17+	" 5.15+	.35—		\$10,081.39				
1915	269,913.46	88,651.55	3,417	60,242	18—	" 4.48—	.33+		12,108.39		8,536	36,523	.33+
1916	308,413.81	116,519.00	3,712	65,291	18—	" 4.72—	.35—		16,551.07		9,810	47,687	.35—
1917	324,777.80	138,512.48	3,674	65,129	18—	" 4.93+	.40—		19,140.56		10,995	53,405	.36—
1918	321,547.28	154,026.47	4,025	66,669	17—	" 4.81—	.44—		18,989.10		7,952	45,153	.43—
1919	377,253.15	193,741.63	4,282	65,546	15+	" 5.76—	.51—		20,557.07		7,631	49,972	.41+
1920	453,853.94	262,413.29	4,316	69,541	16+	" 6.53—	.59—		25,033.43		7,862	49,572	.50+
1921	483,921.52	301,918.05	4,315	68,556	16—	" 7.06—	.47—		25,694.39		7,707	52,116	.49+
1922	492,676.00	325,667.28	4,685	70,695	15+	" 6.97—	.45+		28,157.67		8,111	58,014	.49—
1923	540,524.41	367,369.45	4,775	74,854	16—	" 6.64—	.47—		29,510.51		8,801	57,967	.51—
1924	535,531.70	354,083.78	4,658	72,539	16—	" 6.83—	.46+		32,218.89		8,846	59,336	.54+
1925	557,252.24	365,749.62	4,422	72,411	16+	" 7.12—	.48+		33,753.42		7,081	60,291	.56—
1926	578,207.16	389,781.57	4,402	75,742	17+	" 6.97—	.48—		36,188.43		6,192	55,632	.65+

\* 1923, 1924, 1925, and 1926 do not include the cost of special nurses.

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Table IV  
Expense and Revenue Statement

ADMINISTRATION EXPENSES

	1926	1925
Salaries, officers and clerks . . .	\$35,167.71	\$34,826.06
Office expenses . . . . .	10.00	96.82
Stationery, printing, and postage . . . . .	5,594.32	6,273.98
Telephone and telegraph . . . .	8,742.30	7,599.02
Liability insurance . . . . .	2,105.63	2,960.47
Miscellaneous . . . . .	<u>1,575.40</u>	<u>1,234.33</u>
Total administration expenses . . . . .	<u>\$53,195.36</u>	<u>\$52,990.68</u>

PROFESSIONAL CARE OF PATIENTS

Salaries and wages:

Physicians and surgeons . . .	\$24,244.46	\$22,504.58
Sup't of nurses and assistants	9,450.12	8,604.50
Nurses . . . . .	16,952.81	20,996.69
Special nurses. . . . .	50,443.25	41,927.05
Orderlies . . . . .	7,259.90	6,965.50
Druggists . . . . .	5,824.93	5,015.63
Ward employees . . . . .	9,080.42	8,932.66
Clerks . . . . .	14,308.60	14,292.94
Instrument repairs . . . . .	<u>801.33</u>	<u>812.68</u>
	<u>\$138,365.82</u>	<u>\$130,052.23</u>

Training school:

Salaries of instructors . . . .	\$4,813.09	\$4,002.30
Supplies . . . . .	<u>3,282.00</u>	<u>4,788.14</u>
	<u>8,095.09</u>	<u>8,790.44</u>

Medical and surgical supplies:

Apparatus and instruments	\$3,428.13	\$3,115.25
Medical and surgical supplies	26,591.73	23,008.56
Alcohol, liquors, and wines .	<u>950.74</u>	<u>666.97</u>
	<u>30,970.60</u>	<u>26,790.78</u>

Out-Door Department:

Wages . . . . .	\$13,351.98	\$11,057.62
Supplies . . . . .	<u>10,559.54</u>	<u>12,010.54</u>
	<u>23,911.52</u>	<u>23,068.16</u>

*Amounts carried forward . . . .*

\$201,343.03

\$188,701.61

**REPORT OF THE SUPERINTENDENT**

	<b>1926</b>	<b>1925</b>
<i>Amounts brought forward . . .</i>	\$201,343.03	\$188,701.61
X-ray Service and Photography:		
Salaries and wages . . . . .	\$15,496.82	\$13,766.60
Supplies . . . . .	14,756.51	13,027.92
	<hr/> 30,253.33	<hr/> 26,793.98
Library . . . . .	\$800.00	\$892.52
	<hr/> 800.00	<hr/> 895.52
Total professional care of patients' expenses . . .	\$232,396.36	\$216,391.11
<b>DEPARTMENT EXPENSES</b>		
Ambulance:		
Labor . . . . .	\$2,991.90	\$2,900.16
Supplies . . . . .	1,104.95	1,152.19
	<hr/> \$4,096.85	<hr/> \$4,052.35
Laboratories:		
Labor . . . . .	\$15,324.50	\$15,652.98
Supplies . . . . .	6,887.54	5,355.36
	<hr/> 22,212.04	<hr/> 21,008.34
Housekeeping:		
Labor . . . . .	\$32,042.16	\$31,006.91
Supplies . . . . .	13,314.14	14,970.12
	<hr/> 45,356.30	<hr/> 45,977.03
Kitchen:		
Labor . . . . .	\$13,865.39	\$14,555.93
Supplies . . . . .	1,941.30	1,738.76
	<hr/> 15,806.69	<hr/> 16,294.69
Laundry:		
Labor . . . . .	\$10,116.49	\$11,046.81
Supplies . . . . .	1,880.13	2,367.38
	<hr/> 11,996.62	<hr/> 13,414.19
Steward's Department:		
Labor . . . . .	\$3,892.44	\$3,847.50
Provisions:		
Bread . . . . .	2,039.73	2,231.92
Milk and cream . . . . .	18,746.55	18,992.51
Groceries . . . . .	20,663.75	20,800.48
Butter and eggs . . . . .	14,936.85	14,718.23
Fruit and vegetables . . . . .	13,714.07	12,159.99
Meat, poultry, and fish . .	29,565.79	25,052.54
	<hr/> 103,559.18	<hr/> 97,803.17
Total department expenses	\$203,027.68	\$198,549.77

PETER BENT BRIGHAM HOSPITAL

GENERAL HOUSE AND PROPERTY EXPENSES

	1926	1925
Electric Department . . . . .	\$4,312.62	\$4,401.22
Heat, light, and power . . . . .	55,365.50	56,112.38
Fuel . . . . .	.....	11.00
Gas . . . . .	3,789.21	3,463.95
Ice . . . . .	61.80	85.50
Insurance . . . . .	397.46	2,653.33
Water . . . . .	2,781.48	3,438.24
Maintenance, real estate and buildings . . . . .	15,232.98	11,924.17
Maintenance, machinery and tools . . . . .	208.87	60.72
Plumbing and steam fitting . .	<u>7,437.84</u>	<u>7,170.17</u>
Total general house and property expense . . .	\$89,587.76	\$89,320.68

EXPENSES FROM SPECIAL FUNDS

Permanent Charity Fund . . .	\$2,750.00	\$2,750.00
Social Service Fund . . . . .	5,940.80	5,517.17
Diabetic Research Fund . . . .	463.40	603.00
Gray Fund . . . . .	10,592.40	7,732.48
Fiction Library Fund . . . .	63.80	.....
Reynolds Scholarship Fund . .	<u>125.00</u>	<u>125.00</u>
Total expenses from special funds	\$19,935.40	\$16,727.65

CORPORATION EXPENSES

Salaries, officers and clerks .	\$1,000.00	\$1,000.00
Miscellaneous . . . . .	400.00	440.00
Total corporation expenses	\$1,400.00	\$1,440.00

SUMMARY

EXPENSES

	1926	1925
Total administration expenses . . . . .	\$53,195.36	\$52,990.68
Total professional care of patients' expenses . . . . .	232,396.36	216,391.11
Total department expenses . . . . .	203,027.68	198,549.77
Total general house and property expenses . . . . .	<u>89,587.76</u>	<u>89,320.68</u>
Total hospital expenses . . . . .	\$578,207.16	\$557,252.24
Amounts carried forward . . . . .	<u>\$578,207.16</u>	<u>\$557,252.24</u>

## REPORT OF THE SUPERINTENDENT

	<b>1926</b>	<b>1925</b>
<i>Amounts brought forward . . . . .</i>	<i>\$578,207.16</i>	<i>\$557,252.24</i>
Corporation expenses . . . . .	1,400.00	1,440.00
	<hr/>	<hr/>
Capital Expenses . . . . .	\$579,607.16	\$558,692.24
	409.38	1,924.74
	<hr/>	<hr/>
	<b>\$580,016.54</b>	<b>\$560,616.98</b>

Special Funds:

Reynolds Scholarship Fund . . . . .	125.00	125.00
Permanent Charity Fund . . . . .	2,750.00	2,750.00
Social Service Fund . . . . .	5,940.80	5,517.17
Diabetic Research Fund . . . . .	463.40	603.00
Gray Fund . . . . .	10,592.40	7,732.48
Fiction Library Fund . . . . .	63.80	.....
	<hr/>	<hr/>
<b>GRAND TOTAL . . . . .</b>	<b>\$599,951.94</b>	<b>\$577,344.63</b>

### REVENUE

	<b>1926</b>	<b>1925</b>
Administration receipts . . . . .	\$1,708.75	\$1,215.69
Professional care of patients:		
Board of private room		
patients . . . . .	\$106,967.21	\$93,281.18
Board of ward pay		
patients . . . . .	113,088.01	105,742.62
Special nurses . . . . .	60,694.42	51,581.88
Out-Door Department . . . . .	34,972.48	37,617.53
Photography and X-ray . . . . .	39,149.58	35,236.21
Miscellaneous . . . . .	30,916.45	30,007.81
	<hr/>	<hr/>
	385,788.15	353,467.23
Department receipts:		
Ambulance . . . . .	\$2,166.36	\$2,069.36
Miscellaneous . . . . .	118.31	8,997.34
	<hr/>	<hr/>
	2,284.67	11,066.70
Total hospital receipts . . . . .	\$389,781.57	\$365,749.62

Cash from Treasurer:

Current expenses . . . . .	\$189,825.59	\$192,942.62
Reynolds Scholarship Fund . . . . .	125.00	125.00
Permanent Charity Fund . . . . .	2,750.00	2,750.00
Social Service Fund . . . . .	5,940.80	5,517.17
Diabetic Research Fund . . . . .	463.40	603.00
	<hr/>	<hr/>
<i>Amounts carried forward . . . . .</i>	<i>\$199,104.79</i>	<i>\$389,781.57</i>
	<i>\$201,937.79</i>	<i>\$365,749.62</i>

PETER BENT BRIGHAM HOSPITAL

	1926	1925
<i>Amounts brought forward . . .</i>	<i>\$199,104.79 \$389,781.57 \$201,937.79</i>	<i>\$365,749.62</i>
Gray Fund . . . . .	10,592.40	7,732.48
Fiction Library Fund . . . . .	63.80	.....
Additional equipment:		
Out-Door Department . . . . .	63.38	1,180.00
New buildings . . . . .	.....	154.84
Fire extinguishers . . . . .	346.00	589.90
	210,170.37	211,595.01
<b>GRAND TOTAL . . .</b>	<b>\$599,951.94</b>	<b>\$577,344.63</b>

## Statement of Stock on Hand

	1926	1925
Administration supplies . . .	\$4,472.88	\$5,228.09
Professional care of patients' supplies . . . . .	14,261.96	16,476.99
Department supplies . . . . .	32,474.84	33,991.65
General house and property supplies . . . . .	1,597.87	2,193.73
	\$52,807.55	\$57,890.46

## Report of the Roentgenologist

PERHAPS the only benefit of an "annual report" is that it makes us stop and survey a year's work as a whole. It thereby allows us, or forces us, to take stock of the work done, the money spent, the defects to be remedied, and the tendencies toward deviations to be emphasized or suppressed. Such a survey this year shows that the work has again increased slightly in quantity, comparable in percentage to that of previous years. This is to be expected in any normal business or profession which has not suffered interruption or change during the year, but it was unexpected this year, as the total number of patients in the hospital and Out-Door Department was appreciably less than that of last year. An analysis of the data as given at the end of this report will show that the increase was largely due to an increased number of examinations of patients *in* the hospital, which indicates either an increase in the percentage of the patients examined or an increase in the number of examinations or reëxaminations of the same patient. This cannot be determined by any figures available; probably both conditions contribute to the increase in numbers. A further analysis shows another slight increase in the number of paying private patients examined, but a decrease in the number of X-ray treatments given. This decrease was largely due to the lack of time and of equipment available for treatment, and it is probably safe to prophesy that with a separate equipment and more assistance

## REPORT OF THE ROENTGENOLOGIST

(as will be the case next year) a decided increase in treatment cases will be noted.

As in past years, this year again shows an increase in the cost of running the department, but fortunately an associated increase in the revenue from the department, so that there was a net balance turned over to the hospital for other purposes. That the X-ray Department should help support other departments is at first glance unfair, but in reality the surplus of many years is to be returned with interest next year in the reconstruction and rearrangement of a physically inefficient department and the installation of new and up-to-date equipment which will make of it a department unexcelled by any in the city. This reconstruction (which at the time of writing is well toward completion) will remedy many obvious defects too numerous to mention, and will allow the examination of more patients with a saving in time and energy, and with increased comfort and safety for both the patients and the personnel of the department.

The fourth point in the survey or summary is hard to estimate. Perhaps the outstanding tendency noted this year has been the increased use of the department and of its records for teaching purposes. One-third of the third-year class received instruction in the fundamental principles of X-ray diagnosis; a selected group of fourth-year students, in an elective course, received a more diversified course of instruction; the fourth-year students and house officers on both medical and surgical wards attended the weekly X-ray conferences, and many of the special clinics and demonstrations made use of our case records or of our group of films and plates selected and segregated from the regular files, because of their value

PETER BENT BRIGHAM HOSPITAL

in teaching. An example of the use of case records is the bimonthly clinico-pathological conference for the entire third-year class, and an example of the value of a "teaching collection" is the use of X-ray films in the course of instruction for nurses given by the House Staff. There are in addition post-graduate students who are accepted upon recommendation of the Post-Graduate School at Harvard. Two striking things are evident in the matter of using X-rays for teaching purposes, — first, that no use of X-rays is made in the first or second years of our Medical School, where selected films would be of great value to the students of anatomy, and of moderate value to those in physiology and pathology. In anatomy, for example, the student could get visual information as to the development of epiphyses not possible otherwise; an idea of the normal relations of viscera, bones, joints, and blood vessels, and by the study of stereoscopic films of injected specimens he could get an idea of the circulation in an organ or part of the human body not otherwise obtainable. Probably the greatest value of the X-ray in anatomy would be the correlation and application of his knowledge obtained by dissection with that necessary in medical and surgical work later; in other words, it would be the means of affording contact between a laboratory exercise and the patient, and would tend to soften the abrupt transition between the second and third years. The second striking fact in the use of the X-rays for teaching purposes is that neither the hospital nor the members of the X-ray department receive any recognized remuneration for the time and material used — an obvious injustice. Much more could be said on this point, but this is neither the time nor the place for it.

## REPORT OF THE ROENTGENOLOGIST

The personnel of the department has changed somewhat during the year, Dr. J. H. Vastine finishing his service in the spring and accepting the position of Roentgenologist to the Women's Medical College Hospital in Philadelphia. He was succeeded by Dr. Richard T. Hudson, a graduate of the University of Louisville Medical School, with preliminary training as assistant resident surgeon in the Louisville City Hospital. Unfortunately Dr. Hudson was called home by illness and was unable to finish his appointed work here. Dr. K. K. Kinney completed his service in the fall and is now practising Roentgenology in Willimantic, Connecticut. His place has been filled by Dr. L. M. Fetner, a graduate of the Medical College of Virginia with several years' experience in general practice in Charlotte, N. C., and in the Army Medical Reserve Corps. Our secretary, Miss Lena Yerishewitz, resigned to get married, the best wishes of the department going with her for her long and faithful service. Her position is now filled by Miss Margaret Murtagh. Due to the increase in the secretarial work an assistant secretary, Miss Anna Weiner, was appointed during the year. Mr. Purvis, technician, resigned during the year and was replaced by Mr. Patterson, who received his training in the Navy and in the Chelsea Naval Hospital.

In summary we again report a successful year clinically, technically, and financially; a moderate advance numerically; actual progress in the reconstruction of the department so long awaited, and we venture a prophecy that still better and more efficient work can and will be done next year.

PETER BENT BRIGHAM HOSPITAL

PUBLICATION FROM THE DEPARTMENT OF ROENTGENOLOGY

Aneurysms of the Internal Carotid Artery and the Circle of Willis, from a Roentgenological Viewpoint. American Journal of Roentgenology and Radium Therapy. Vol. xv. No. 2. February, 1926, pp. 122-134. M. C. Sosman, M.D., and Edward C. Vogt, M.D.

TABULATION OF DATA, DEPARTMENT OF ROENTGENOLOGY  
WITH COMPARATIVE DATA FOR THE PAST TEN YEARS

YEAR	Ward Cases	O.D.D. Cases	Private	All Others	Totals	X-Ray Treatments	Films Taken	Dental Films	Alpine Lamp
1917	1,950	2,006	87	164	4,608	257	8,756	2,202	....
1918	1,692	1,537	48	129	3,406	27	6,994	702	....
1919	2,511	2,812	143	136	5,600	43	11,067	2,200	....
1920	2,919	2,896	409	140	6,364	609	7,180	942	....
1921	3,076	3,038	579	195	6,888	739	11,404	1,850	....
1922	3,200	3,207	698	191	7,303	629	13,696	2,457	....
1923	3,702	2,835	960	210	7,707	764	14,144	2,506	467
1924	3,869	3,283	1,031	200	8,383	916	15,408	3,530	1,097
1925	3,948	3,479	1,163	228	8,818	809	18,366	2,905	1,487
1926	4,299	3,420	1,269	214	9,202	618	21,575	2,928	765

MERRILL C. SOSMAN, M.D.,  
*Roentgenologist.*

DECEMBER 31, 1926

# Report of the School of Nursing

THE year ends with the following staff of graduate and student nurses:

Superintendent of Nurses . . . . .	1
Assistant Superintendent of Nurses . . . . .	1
Instructors . . . . .	3
Supervisors . . . . .	4
Night Supervisors . . . . .	2
Graduate Nurse Anæsthetists . . . . .	3
Graduate Head Nurses and Assistants in Departments . . . . .	13
Masseuse . . . . .	1
Student Nurses . . . . .	105
Preliminary Students . . . . .	29
<hr/>	
	162

Sixty-six students have entered during the year; thirty-three have graduated; twenty-two have withdrawn.

Eight hundred and seventy-six letters of inquiry have been received.

The numerical strength of the School is greater than a year ago, averaging thirteen more over the entire year than during the year 1925.

The total number of student sick days is eight less than in 1925. The average enrollment for 1925 was 117 with 1,394 sick days, while the average enrollment for 1926 was 130 with 1,386 sick days.

Requests for the four-month affiliated course in field work in Public Health Nursing are constantly increasing. Thirteen students were given these affiliations in 1926.

## PETER BENT BRIGHAM HOSPITAL

The affiliated course offered by McLean Hospital, Waverley, in nursing in mental diseases is rapidly becoming more popular. We have been able to spare only four from our enrollment for this work. We have been fortunate in securing Dr. Sidney M. Bunker of the McLean Hospital staff for the course of sixteen lectures in Psychiatry for senior students.

Twelve students have had the two month affiliation at the Massachusetts Eye and Ear Infirmary, and the usual affiliations at the Children's Hospital and the Boston Lying-In Hospital have been kept constant.

Greater emphasis than ever before has been placed upon the value of clinical teaching. Stimulated in part by an experiment inaugurated by the Massachusetts League of Nursing Education and in part by their own keen interest in the plan, our supervisors have spent many hours in individual instruction.

Individual case studies have been made and presented under supervision, by both regular and affiliating students. Experience records have been introduced and kept by all students as a means of discovering and correcting deficiencies in practical experience. Both plans are in the interests of correlating the nursing care of patients with a thorough understanding of their conditions and guaranteeing to the individual nurse a more complete foundation for the solving of future nursing problems.

These teaching methods have been developed also in the Out-Door Department, where further case studies and experience records have been made. A different phase of perhaps the same problem is here presented, but with emphasis on the social aspect and public health point of view.

## REPORT OF THE SCHOOL OF NURSING

As a result of the study of educational facilities in nursing in and around Boston, made by Carolyn Gray of New York, last year, a Committee has been created representing various hospital schools of nursing and educational interests, to consider plans for the development of a college of nursing in Boston.

Some of the changes in the nursing staff are as follows: Helen Goodwin, P.B.B.H., 1920, returned as night supervisor; Marion Bean, P.B.B.H., 1924, replaced Edna Howe, P.B.B.H., 1925, as assistant night supervisor; Helen K. Way, P.B.B.H., 1918, anæsthetist, resigned in the autumn, and Louise I. Melanson, P.B.B.H., 1922, became senior anæsthetist; Lillian W. Varley, Bridgeport Hospital Training School, 1920, was appointed to the vacancy.

Graduation of the twelfth class from this School of Nursing occurred November 26, with Mr. Charles P. Curtis, President of the Board, presiding. The address of the evening was made by Professor Effie J. Taylor, of the Yale University School of Nursing.

The Dr. John P. Reynolds Gold Medal was awarded to Barbara Robinson. The John P. Reynolds Scholarship was awarded to Susan Edith Preston of the class of 1927, with an average of 93%.

The first student in the five-year combined course with Simmons College was graduated. The College had already conferred the Bachelor of Science degree upon her, giving her credit toward her degree for two years of work in the hospital School of Nursing.

(Signed) CARRIE M. HALL, R.N.,  
*Superintendent of Nurses,  
and Principal School of Nursing.*

DECEMBER 31, 1926.

# Report of the Social Service Department

THE development of the Social Service Department this year has been in connection with special clinics. There seems to be a closer relationship between the medical and social work in these clinics than in the general clinics or on the wards. By special clinics we mean those similar to the diabetic and cardiac clinics, where patients with a common disease come for an extended period of time. Here the social worker and doctor work very closely together. Their interest is concentrated on one particular disease — its medical symptoms and social implications. The doctor is observant of every new or different phase in the patient's condition, and the worker is in close attendance to give a report of the patient's activities since the last visit and any social data significant to the patient's condition. Doctors in these clinics who have had the services of a social worker invariably require them when going into a new clinic. Two more special clinics were assigned social workers the past year. There are now social workers in the following clinics: cardiac, diabetic, goiter, renal, arthritic, and luetic. The general medical and surgical services are also covered.

## CARDIAC CLINIC

The statistics for the year show an appreciable increase in the total membership of the clinic. This is due in part to the fact that a greater variety of

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

types of heart disease have been referred to and accepted by the clinic than in former years. Previously the aim has been to treat only cases of cardiac valvular disease, but during the past year in addition to these types a number of cases of angina pectoris, heart block, chronic myocarditis, and one or two cases of paroxysmal tachycardia have been followed. This has brought a larger proportion of the older men and women into the clinic, as may be seen in the following statistical table. In the main, however, the clinic is composed of the cases of valvular heart disease, post rheumatic fever, and chorea, with or without heart involvement.

The character of social work done in the clinic has not shown any material difference from that of the previous year. There has been, as always, the home situation to be studied, the suitability of the school or industry, the possible need of convalescent care, vacations, or further hospital care for consideration and arrangement. Included in this is likewise the question of the general health of other members of the family and the taking of any steps necessary to bring about better conditions in this direction. During the summer it was found advisable to send thirty-one boys and girls to vacation or rest homes.

It frequently appears that the patient first requiring the attention of the cardiac social worker needs for the time being less thought and energy than other members of his family whose very real needs become evident upon further acquaintanceship in the home environment. To illustrate:

A thirteen-year-old boy on the wards with a diagnosis of chorea and chronic cardiac valvular disease was referred to the social service worker for convalescent care upon discharge. A plan was made whereby the boy could have one month's care

## PETER BENT BRIGHAM HOSPITAL

in the country at the time of leaving the hospital. In the process, however, of becoming acquainted with the family it was discovered that not only was the boy's mother in need of medical and surgical advice, but his father was in a critical condition because of a progressive arthritis that was slowly but surely causing him to become a cripple. The mother agreed to report for examination at the medical clinic and is now being followed in both medical and surgical clinics. The father was persuaded to undergo examination at the Robert Brigham Hospital, following which admission for a period of six months was advised. In order to make such a plan possible it was necessary to raise a sum of money sufficiently large to support the family during his absence. The man formerly did active work as a police officer, but since the onset of his arthritis he had been transferred to the clerical division in the Police Department. Because of his loyalty at the time of the police strike, through an appeal to the Trustees of the Public Defence Fund, we were able to secure the necessary funds for the use of the man's family during his hospitalization period. While it is too soon to hope for marked improvement, the man is more comfortable, and the doctors feel the progress of the disease may be arrested. It will thus be seen that the health problems of the parents were fully as great as those of the cardiac child originally referred to us for supervision.

In July the cardiac social worker discussed with a group of Summer Institute students, representing hospital social work from various parts of the country, the make up of the cardiac clinic, its management, and the case work connected with it.

The outstanding need in Boston for cardiac patients is greater provision for convalescent care for men and boys and wider facilities for their proper placement in industry.

Brought forward from January 1, 1926 . . . . .	187
New patients referred . . . . .	97
Reinstated . . . . .	7
	—
Total membership during year . . . . .	291
Closed during year . . . . .	55
	—
Present attendance January 1, 1927 . . . . .	236

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

Total number of visits to clinic . . . . .	640
Average number at clinic . . . . .	12
Largest number at any one time . . . . .	24
Smallest number at any one time . . . . .	3

Of the ninety-seven new cases referred (age division being made at 18 years), there were:  
23 men, 18 women, 30 boys, 26 girls.

Referred from Medical O. D. D. . . . .	63
Referred from House Medical . . . . .	12
Referred from Outside (including The Children's Hospital) . . . . .	22

## DIABETIC CLINIC

The year 1926 has brought us a larger, more closely organized diabetic clinic. One hundred and nineteen members were added to the active enrollment. Over one-third of this increase was due not to the addition of new members, but to reinstating a group of people who had not been heard from for a number of years. There was a very close follow-up made on all the patients. The visits of each patient were not frequent, as only approximately one-third of those present at each weekly meeting showed sugar, but the close co-operation of the patients in keeping their appointments made it possible to increase the average weekly attendance from fifteen in 1925 to twenty-one in 1926.

The social aspects of the treatment of diabetes mellitus are seen in the following channels: the psychological reaction of the patient to the diagnosis and the bearing of this reaction on future treatment; the necessity of a readjustment of the patient's living conditions with a view to improved hygiene and a strict adherence to a prescribed diet; the need of removing all unnecessary worry through adjusting special home problems where possible; the responsibility of knowing whether the patient can afford a

## PETER BENT BRIGHAM HOSPITAL

diet which is admittedly expensive, and, if the income is not sufficient, to see that it is supplemented. The first contact made by the patient in the clinic is with the social worker; she interprets the clinic to the patient; explains just what may be expected from the different workers in the clinic, and what is expected of the patients. The social history is then taken with the above social aspects in mind and is clipped to the medical record and sent to the doctor.

Since no individual can be treated as an individual alone, but should be considered a unit of a larger group, the health of the other members of the family comes as a natural question. Often in this first contact some inkling is gained of a family situation which is worrying the patient. Knowledge of the racial background enables one to know something of the food habits of the patient and should be of great assistance in working out the diet which will be most acceptable to the patient. The type of work the patient is doing also has a direct bearing on the diet necessary.

Since the successful treatment of the disease depends on daily doing the right things, it is necessary to have an understanding and the coöperation of the home. Human nature being as it is, the understanding and moral support of another member of the family are of great value. If they are not with us, they are against us, as in the case of the well-meaning daughter who, not realizing that there are times when loss of weight is most desirable, urged her mother to break her diet because "she could just see her falling away." Aside from value of moral support, knowledge on the part of another member of the household may save the life of a diabetic who is having an

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

insulin reaction. This knowledge is especially important now that patients are receiving insulin for the first time in the Out-Patient Clinic. Therefore, whenever practical, home visits are made on three groups of patients: 1. All new patients in the diabetic clinic. 2. All patients receiving insulin for the first time in the clinic. 3. All patients not responding to treatment.

Our student dietitians have been available for home visiting and have been of great service in teaching new patients and their families the diabetic régime. During one month alone forty-one diabetic families were visited.

Brought forward from January 1, 1926 . . . . .	215
New patients referred . . . . .	72
Reinstated . . . . .	47
<hr/>	
Total membership during year . . . . .	334
Closed during year . . . . .	27
<hr/>	
Present attendance January 1, 1927 . . . . .	307
<hr/>	
Total number of visits to clinic . . . . .	1091
Average number at clinic . . . . .	21
Largest number . . . . .	32
Smallest number . . . . .	9

## LUETIC CLINIC

The work with the luetic patients for 1926 was gratifying in that there was an increase in the number of visits to the clinic, and yet there were fewer new patients than in 1925. This shows that the follow-up work has brought back patients who have lapsed treatment in the past and who, although perhaps feeling well, needed more treatment before being formally discharged. There was a total of 2,598

## PETER BENT BRIGHAM HOSPITAL

visits, 653 more than in 1925, 1,464 visits by men and 1,134 by women. There were 123 new patients, 25 of whom were reported by number to the Board of Health as infectious.

The clinic, which is held every Tuesday morning, has had an average attendance of 20 patients. Here courses of treatment are prescribed — these treatments being given in the Medical Clinic during the week. At this clinic the patient can discuss his physical and social problems with the doctor and social worker. He is advised as to the importance of continuing treatment for his own safety and that of his family. If work must be discontinued, letters are written to employers, never disclosing the nature of the disease unless there is some particular reason for it and at the patient's request.

A number of visits were made to the homes of our patients, and arrangements made for children to be examined where there was a chance of infection. For example: A colored woman, 25 years old, came to the O.D.D. one clinic morning and was found to have secondary syphilis, and advised to enter the hospital immediately for intensive treatment. She had come from the South about a year ago, had no relatives here, and very few friends. She was eager for treatment, but said she could not manage it because of her six children, ranging in age from 14 to 3 years, who would have no one to care for them if she entered the hospital. Her husband was a janitor, and home only nights after 10 P.M. She finally entered the hospital the same day after the social worker had succeeded in placing the five youngest children in a nursery where they remained until her discharge from the hospital ten days later — non-infectious. The following week her husband was

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

examined at the worker's request, and found also to have syphilis and was advised to enter the hospital, which he did. As this left the family without support, they were referred to the Family Welfare Society, who gave them temporary aid. All the children, except the oldest boy, who was examined at this hospital, were taken to the Children's Hospital for examination. Now the father has returned to work, and both he and the mother report here regularly for treatment. The children were found to be in excellent physical condition with no sign of syphilis.

Brought forward from January 1, 1926 . . . . .	340
New patients referred . . . . .	123
Reinstated . . . . .	40
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Total membership during year . . . . .	503
Discharged . . . . .	84
Left State . . . . .	15
Discharged cured . . . . .	11
Discharged to L. M. D. . . . .	9
Transferred to other clinics . . . . .	14
Discharged but not cured . . . . .	6
Died . . . . .	4
Failure to respond to follow-up . . . . .	21
Treatment discontinued . . . . .	4

## SURGICAL SERVICE

There are many and varied social problems in this service. Some require intensive case work extending over a long period of time, but a great many need only slight service, such as arrangement for convalescent care, aid in securing employment or a change in employment, a piece of apparatus, a Corliss stocking, new teeth or glasses, crutches, or the loan of a wheel chair.

## PETER BENT BRIGHAM HOSPITAL

### GOITER SERVICE

The Goiter Clinic was started in 1924 for the chief purpose of observing patients during the course of medical treatment of this disease and following surgical removal of part of the thyroid gland. Another important purpose of the clinic is the prolonged observation of patients suffering with myxedema, which is due to a partial or complete failure of the thyroid gland to function. This clinic meets once a week. Here the patients present a great number of social problems, as they are often either partially or completely incapacitated for a long time prior to treatment and, if a thyroid operation is performed, it is usually about three months before the patient can hope to be restored to economic efficiency. In our Annual Report of 1924 Dr. Sturgis writes of this clinic:

"A social service worker has been regularly assigned to work in the clinic since its beginning, and without her aid the work could not be accomplished. In considering the many aspects of thyroid disease, especially exophthalmic goiter, and appreciating the utmost importance of remaining in contact with these patients for a long interval, it is apparent that little could be done without the assistance of a well-trained social service worker. Since the beginning of the clinic the Social Service Department has given highly efficient assistance, and their very helpful coöperation has contributed greatly to the success of the clinic."

### SURGICAL AND GOITER CLINICS

Brought forward from January 1, 1926 . . . . .	101
New patients referred . . . . .	320
Reinstated . . . . .	17
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Total number during year . . . . .	438
Closed during year . . . . .	341
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Number of patients January 1, 1927 . . . . .	97

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

### MEDICAL SERVICE

There have been a number of patients referred by the medical service for tuberculosis sanatoria — 44. This goes to prove that with all the forces at work to combat this evil, our old enemy is still strong. The social work in the families where the diagnosis of tuberculosis has been made is in the majority of the cases covered very well by the nurses sent into the homes of Boston residents through the Out-Patient Department of the Boston Sanatorium. The sad thing about this group is that we do not see many of them soon enough. There is a great opportunity for the social worker, in the field of preventive medicine, to make a thorough investigation and follow-up of all cases of malnutrition and question of tuberculosis which come to our hospitals. In this way it might be possible to prevent the patient from slipping over the border-line into active tuberculosis.

The medical work in the hospital has received excellent coöperation from the house officers. However, the worker gets the impression that the doctor thinks of social service as a last resort to which, with the exception of tuberculosis cases, he may turn only when a very acute social problem is obvious, or when the patient seems unable to make plans for after care. More cannot be expected under the present arrangement. The doctors are busy with their own particular problems and seldom have the opportunity to go into the social situation with the patient. It would seem to be the ideal thing if the social history for the House medical record could be taken by the social worker. Thus, if there were a social problem underlying the medical condition, the doctors would have the opportunity of knowing it from the start. This would seem

## PETER BENT BRIGHAM HOSPITAL

to be even more helpful on the medical than on the surgical service. The medical situation is more often of longer duration and the treatment more prolonged and less obvious. At least, the hospital should have something comparable to the Out-Door Medical with its "C" sheet. Why could there not be at least this amount of information on hospital patients who are unable to pay the full hospital rate? This would give a good working basis, it would enable us to get at the social problems sooner, it might help the doctor in his understanding of the patient, and would surely speed up the process of making plans for care upon discharge.

Brought forward from January 1, 1926 . . . . .	36
New patients referred . . . . .	203
Reinstated . . . . .	9
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Total number during year . . . . .	248
Closed during year . . . . .	191
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Number of patients January 1, 1927 . . . . .	57

## RENAL CLINIC

Last October, at the request of Dr. O'Hare, a social worker was placed in the renal clinic. Whenever possible she has been present in the clinic at its Monday and Thursday meetings. The chief work so far has consisted in the follow-up of fifty patients who have lapsed treatment. The student dietitian working in the Social Service Department has also been present at the clinic and has been of service in recording the patient's food intake and explaining the diet. The diet is not expensive and should in itself present no social problem, unless it be an educational one. One of the chief precautions in the treatment of these patients is to avoid all acute infections.

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

Therefore, one of the social problems would seem to be an employment problem whereby an effort should be made to have working conditions dry and healthful, and, wherever possible, more suitable employment found. The cases of straight hypertension call for rest and freedom from worry; this presents a possible social problem.

Referred for follow-up . . . . .	50
Referred for social problem . . . . .	11

### ARTHRITIC CLINIC

The services of a worker were also assigned to the Arthritic Clinic in October. The clinic is held twice a week; the average attendance is seven patients, most of whom are moderately advanced cases who have already tried various kinds of treatment with little or no help. Because of the long duration of the disease and the general exhaustion which usually accompanies it, most of these patients are advised to have at least fourteen hours a day in bed, which means that, if the patient is the wage earner, there immediately arises the problem of support.

Fortunately, some solution can usually be found, so that the patient can carry out the treatment as advised:

Mr. W., a young Jewish man who had worked as a barber as long as he was physically able, came to the clinic with a history of arthritis for several years. He had a wife and three children, the oldest 12 years, to support, and relatives were unable to help. Most of his trouble was in his feet, and, due to his occupation, he found it impossible to carry on. He was told that with a year's rest and treatment it was believed that he could return to work, but that without this rest very little hope could be held out. After investigation the patient was referred to the Department of the Public Welfare, who promised to give aid at the rate of \$22 a week for one year, which they

## PETER BENT BRIGHAM HOSPITAL

have done. Mr. W. has now improved sufficiently to return to his former occupation and should, with ordinary care, be able to assume the support of his family from now on.

An Armenian man came to the clinic several months ago complaining of such severe backache, due to arthritis, that he had had to give up his work as a cobbler. He and his wife were dependent upon his earnings and the help of a step-daughter who was earning comparatively little. Mr. H. was advised to get a brace for his back, the cost of which was \$8. This amount was raised through the Invalid Aid and Lend-a-Hand Societies, and his relief was so immediate that the following week he was able to go to work in a candy factory, where he will not be obliged to bend over as he had to at a cobbler's bench. He is getting on so well now that he wants to bring his wife to the clinic, as she, too, has arthritis.

Referred for follow-up . . . . .	96
Referred for social problem . . . . .	20

There were 800 new patients referred to social service for some definite social problem the past year. One hundred and twenty-three of these patients were not included in the preceding statistical tables, as they were referred from clinics other than those given; 349 patients were brought forward from the previous year, and 36 patients reinstated, making a total of 1,185. This does not comprise the patients in our regular follow-up service or general clinic attendance.

New and reinstated patients were referred from:

	House	O.D.D.	Total
Medical Service . . . . .	173	306	479
Surgical Service . . . . .	154	135	289
Urological . . . . .	—	—	9
Outside Agencies . . . . .	—	—	59

### STEERING AND FOLLOW-UP

Luetic Clinic follow-up service . . . . .	503
G. C. Clinic follow-up service . . . . .	263
Outside agencies, steering and follow-up service . . .	280
Visits to homes of patients . . . . .	860
Follow-up letters and postal cards . . . . .	5,243

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

### DEFINITE TASKS ACCOMPLISHED

There were 120 patients sent to convalescent homes. Most of these went to St. Luke's Home, Chickering House, and the Jewish Convalescent Home. Other patients needing prolonged hospital care were sent to the Robert Brigham Hospital, and the House of Good Samaritan. About \$2,100 was raised for special needs. \$900 was raised by the surgical worker in addition to several hundred dollars promised by various organizations, churches, relatives, and friends, and disbursed by them. Under this heading might be mentioned a pension for a retired and penniless nurse and payment of office rent for three months or until a man could get on his feet; board for children while their mother was sick; money for vacations or convalescent care; money for apparatus of many types, for extra milk or special diet, and for dentistry. In one case a relative was persuaded to promise \$25 a month for an indefinite period, he stipulating that it should be sent to the social worker and spent with her approval. \$1,314.80 was raised by the cardiac worker, \$750 for the family mentioned in the report of the cardiac clinic, and \$548 for a cardiac patient whose husband was blind and who needed financial help extending over a long period of time. The remainder was for a girl who needed convalescent care. \$612 was raised by the medical worker; \$214 of this was used for a large family deprived by death of the father, and the remainder for patients needing convalescent care, glasses, artificial teeth, and apparatus. This money was obtained through appeals in the *Boston Evening Transcript*, Weber Charity Fund, Inc., Doane Fund for Nurses, Lend-a-Hand Society, Invalid Aid Society, churches, and other organizations.

## PETER BENT BRIGHAM HOSPITAL

This department has participated in a study of nearly one hundred cases of malignant diseases. The result of these studies is not ready for publication, but it is hoped that it will be of real value. Our surgical worker has been asked to serve on the committee which will study the reports from the various hospitals, as the care of sufferers of malignant diseases is one of her great problems. During the year "one case" of malignant disease was prepared and presented by her before the New England Conference of Hospital Social Work.

As in previous years, we have given supervised field work to students from the Simmons College School of Social Work. Also we began in September to give to the student dietitians of this hospital one month's experience in social work. So far this experiment has been satisfactory. The dietitians are helpful in adjusting the diets of our patients in their homes, and we hope that social experience will help them in recognizing economic limitations and home conditions of patients whom they will meet in their future work.

The work of the Occupational Therapy Department last year was carried on by one half-time worker, with the exception of the last four months of the year, when it was on a full-time basis. In November and December there was a volunteer three days a week. This last year there have been more patients referred by doctors for therapy than there have been in the past years. The usual crafts, such as basketry, sewing, and knitting, have been used, and were sold at the annual sale held in November under the auspices of the Social Service Committee. The proceeds from the Occupational Therapy table amounted to approximately \$100.

## REPORT OF THE SOCIAL SERVICE DEPARTMENT

Number of patients received Occupational Therapy . . .	104
Number of patients on surgical wards . . . . .	41
Number of patients on medical wards . . . . .	63

## FURTHER DEVELOPMENT

A department either goes forward or back, it does not stand still; development is necessary to healthy growth. At this time the logical field of development in our department is along the following lines:

1. The investigation of social conditions of patients with questionable tuberculosis and malnutrition. Here is a great opportunity in the field of preventive medicine. It would seem particularly timely following Dr. Winslow's survey of Boston's health program, in which he states:

"Particularly in view of Boston's very high tuberculosis rate it seems evident that the development of more effective means for combating this disease is perhaps the most urgent of the health problems which the community as a whole must face."

2. The development of a closer relationship between the social and medical work on the wards. We would suggest a survey of one or two wards for a period of six months or more. This would include the taking of a social history on each patient, the history to be attached to the medical record. If there were a social problem underlying the medical condition, the doctors would have the opportunity of knowing it from the start. This would give a good working basis for a more thorough and careful plan of treatment for our patients. An increase of work means an increase of workers, and to have more workers we need more money. We sincerely hope that the means may be found which will make it possible to do the work outlined above.

## PETER BENT BRIGHAM HOSPITAL

We take this opportunity of gratefully acknowledging the help and assistance given us by the Social Service Committee the past few years. They have given generously of their time and interest. The Committee had charge of the Christmas celebration on the wards of the hospital, which was enjoyed by patients and members of the hospital staff alike. They also held a sale and luncheon at the hospital last November for the benefit of Social Service and Occupational Therapy.

We also wish to express our appreciation for the financial aid which the Permanent Charity Fund, Inc., has given us.

During the year there has been the same spirit of friendliness and helpfulness throughout the hospital, the same generous coöperation from our fellow agencies in the community.

### STAFF OF WORKERS

#### General Service

ALICE M. CHENEY, R.N.

#### Cardiac Clinic

THEKLA ANDREN

KATHARINE A. HOMANS (volunteer)

#### Surgical Service — Goiter Clinic

MINA M. BROWN

#### Medical Service — Diabetic Clinic

Renal Clinic

ELLEN L. TAYLOR, A.B., M.S.

MRS. F. C. JILLSON (volunteer)

#### General Service — Luetic Clinic

Arthritic Clinic

KATHLEEN CAULFIELD

ESTHER W. ATWILL (volunteer)

REPORT OF THE SOCIAL SERVICE DEPARTMENT

Occupational Therapy

ANNA P. REVERE  
ELIZABETH LANE (volunteer)

*Clerical Staff*

AGNES F. DAY  
EILEEN TRAVERS

APPOINTMENT OFFICE, OUT-DOOR DEPARTMENT

(Salaries paid by hospital and not included in Social Service Budget)

MARY H. SULLIVAN  
MABEL A. LINDSAY (resigned Sept. 25, 1926)  
FLORENCE MOORE (began Sept. 27, 1926)

ALICE M. CHENEY, R.N.,  
*Director Social Service Department.*

# Report of the Pathologist

THE figures for the department are as follows:

Autopsies, Medical Service . . . . .	92
Autopsies, Surgical Service . . . . .	49
Autopsies, done outside for Surgical Service . .	0
Autopsies, Neurological Service . . . . .	28
Autopsies, done outside for Neurological Service	6
Autopsies, not Hospital Cases . . . . .	4
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Total number of autopsies recorded . . .	179
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General autopsies recorded . . .	156
Neurological autopsies . . . . .	37
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	193
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Recorded autopsies . . . . .	193
Cases counted twice . . . . .	14
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Actual total . . . . .	179
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Reports on Surgical Specimens . . . . .	1,104
Reports on Neurological Specimens . . . . .	175
Reports on Bacteriological Specimens . . . . .	1,559
Guinea-pig Inoculations for suspected Tuberculosis . . . . . . . . . . .	263
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Total . . . . . . . . . . .	3,101

There were 304 deaths in the hospital, 170 in the Medical Service, 92 in the Surgical Service, and 41 in the Neurological Service. Fifteen deaths, four medical, nine surgical, and two neurological, were investigated by the Medical Examiner.

The percentage of autopsies for the year, after

## REPORT OF THE PATHOLOGIST

deducting the fifteen cases taken over by the medical examiner, proves to be 62 per cent. The percentage of autopsies for the various services, after making corrections for autopsies twice entered, is: Medical, 55.5 per cent; Surgical, 59 per cent; Neurological, 71.8 per cent.

The number and percentages of autopsies for all years are:

Year	No.	Per Cent
1926 . . . . .	179	62.0
1925 . . . . .	204	70.7
1924 . . . . .	177	70.0
1923 . . . . .	153	58.0
1922 . . . . .	174	68.0
1921 . . . . .	158	62.8
1920 . . . . .	155	58.2
1919 . . . . .	102	40.0
1918 . . . . .	145	40.0
1917 . . . . .	114	55.6
1916 . . . . .	113	49.5
1915 . . . . .	101	47.6
1913 and 1914 . . . . .	147	58.5

The number of surgical and bacteriological examinations made each year are:

Year	No.
1926 . . . . .	3,101
1925 . . . . .	2,613
1924 . . . . .	2,819
1923 . . . . .	2,708
1922 . . . . .	2,391
1921 . . . . .	1,984
1920 . . . . .	1,826
1919 . . . . .	1,628
1918 . . . . .	2,224
1917 . . . . .	1,248
1916 . . . . .	1,140
1915 . . . . .	1,030
1914 . . . . .	847

## PETER BENT BRIGHAM HOSPITAL

It is to be hoped that the decrease in percentages of post-mortems in relation to deaths in the hospitals is only temporary. Owing to the increased numbers of surgical and bacteriological reports made, the total volume of work in the laboratory has shown no decrease. As has been pointed out in previous reports, the scientific production of the laboratory is severely handicapped by insufficient technical assistance. The volume of work demands nearly the full time of the resident staff. If space were available, there would be no difficulty in securing voluntary workers to undertake the study of the valuable collections that have accumulated. There are many definite problems which could be assigned to competent workers. The past year has not been productive from the standpoint of publications. Interruptions in the continuity of service has been one cause, while the nature of the researches upon which the senior members of the staff have been engaged has not been such as to lend itself to immediate publication. Dr. Pinkerton has published a paper, "Oils and Fats; Their Entrance into and Fate in the Lungs of Infants and Children: a Clinical and Pathologic Report," Am. Jour. Dis. of Chil., Feb., 1927, Vol. 33, p. 259, and is now completing an extensive experimental study of the disposal of fatty substances introduced into the lungs, with results of considerable practical importance and of great theoretical interest. Dr. Rooney has completed a study of torula meningitis. Dr. Connor has published a paper, "The Etiology and Pathology of Peptic Ulcer," Boston Med. & Surg. Jour., Nov. 18, 1926. I, with Dr. Percy Howe, have continued the studies of the pathology of the deficiency diseases, with particular reference to the neoplastic-like pro-

## REPORT OF THE PATHOLOGIST

lifications of epithelium in Vitamin-A deficiency, and the nature of the changes in experimental polyneuritis or Vitamin-B deficiency. In addition, minor studies have been carried on, particularly with voluntary muscle tumors, with the result that new light has been thrown on the histogenesis of striated muscle.

It is quite apparent that important scientific work cannot be done by the resident staff. Of these, the Resident Pathologist alone can be expected to do investigative work of an important type. Owing to the great demand for trained pathologists, it is usually impossible to keep a Resident Pathologist for more than one year. The house officers are and should be primarily engaged in acquiring training and experience in the fundamentals of pathology and clinical bacteriology, although they are encouraged to undertake the type of research within their capabilities, usually the careful study of one or a group of allied cases of interest. Owing to the complete lack of accommodation for animals, and space and facilities in general for experimental work, the pathologist and others endeavoring to carry on important researches are forced to avail themselves of the more adequate facilities in the Department of Pathology in the Medical School. The whole aspect of the Pathological Department could be changed if space were available to accommodate advanced workers who would readily come for the opportunity of using the accumulated material. Although built in 1913, the Pathological Department is physically far inferior to many older hospitals, and falls far behind the provisions made in modern hospitals. Double the present floor space could be readily utilized. The most desirable arrangement for the

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Hospital and for the University would be one whereby the Pathologist could make his headquarters in the Hospital. Under the present conditions he is forced to spend all his time available for research at the Medical School. In fact, any research requiring laboratory facilities, including the use of animals, has to be carried out at the Medical School, and most of Dr. Pinkerton's work has been done there.

Changes in the Pathological Staff in the last year are as follows: Dr. Henry Pinkerton succeeded Dr. Charles L. Connor as Resident Pathologist, September 1, 1926. Dr. Stuart F. MacMillan succeeded Dr. Monroe J. Schlesinger, July 1, 1926. Dr. Paul F. Doege succeeded Dr. J. Stuart Rooney, October 1, 1926, and Dr. Sidney Farber succeeded Dr. Doege, January 1, 1927, in the positions of Pathological House Officers.

Dr. Charles L. Connor left in September to take the position of Director of Laboratories of the Montreal General Hospital and Associate Professor of Pathology at McGill University for one year during the absence of Professor Rhea, a former Resident Pathologist here, July, 1912, to October, 1913.

Dr. J. Stuart Rooney resigned October 1 as Pathological House Officer to take charge of the laboratories at Long Island Hospital, Boston. He has recently been made Resident Physician there.

Dr. Monroe J. Schlesinger is Resident Pathologist at the Children's Hospital and Instructor in the Harvard Medical School.

Dr. Paul F. Doege is Assistant Pathologist at the Huntington Memorial Hospital.

S. B. WOLBACH.

## Report of the Surgeon-in-Chief

To those of us who are called upon to collaborate in them, these annual reports seem to follow one upon the heels of another. So many activities, interests, and responsibilities of various kinds are crowded into a hospital life that time runs away with itself. It is an occupation which calls for unremitting attention twelve months in the year; and even though the routine may sometimes appear to be excessive and burdensome, there can be nothing humdrum about it, since human lives are constantly at stake.

In retrospect, the occurrences of each successive year somehow seem to have been abnormally "speeded up." Of this illusion the surgeons are possibly the more conscious, since their rôles are considerably more varied and more exciting. And though to the casual onlooker the picture may appear to run smoothly and without hitch, it is well to slow it down in places in order to study its defects, and to see where improvements can be made.

Since matters worthy of consideration or reconsideration frequently appear on the screen, one's impressions of some of them may well enough be made a matter of record, if for none other than historical reasons. At this present moment our surgical house-officer appointments for the ensuing year have just been made, and some thoughts on the subject, suggested by the "close-up" of the recently held examinations, may be appropriate to this report.

PETER BENT BRIGHAM HOSPITAL

HOUSE-OFFICER APPOINTMENTS. The curriculum of our medical schools, as it has come to be arranged in most places, lays increasing stress on the pre-clinical or fundamental studies which are regarded as essential for a well-rounded preparation for Medicine. This in times past implied preparation for medical practice, but since a medical career may be pursued today in one of many fields, there is a lack of agreement as to the subjects upon which chief emphasis should be laid, for no one can be quite sure just what sort of doctors the undergraduates are to become. Every teacher is naturally on the lookout for the exceptional student who may show sufficient interest in his particular subject to become a disciple, and in the end to perpetuate his species.

Enthusiasm for his particular field of work is a proper reaction on the teacher's part, but of late years the pre-clinical subjects have become excessively specialized, as one may easily perceive by consulting the separate journals which are devoted to them. In many schools, moreover, these courses are conducted by teachers who have had no clinical experience; indeed, in many instances by teachers without a medical degree. Hence it is inevitable that the direct relation of their particular subject to medical practice, in which the bulk of the students presumably are still destined to engage, is no longer, as it used to be, a matter for constant emphasis.

It has come, furthermore, to be generally accepted by those who are in full sympathy with the existing curriculum that the student's real clinical training which will fit him for practice can well enough be postponed until after he has received his medical degree. That he will succeed in finding somehow and somewhere, largely through his own efforts, an

## REPORT OF THE SURGEON-IN-CHIEF

opportunity to supplement his school course by a hospital service, the school authorities take for granted, but they assume little responsibility for it. Accordingly, with the pre-medical entrance requirements in chemistry pushed back into the candidate's last two years of college and his practical clinical training elbowed into the post-graduate period of a hospital internship, the intervening four-year medical course is supposed to give the student his foundation. One may well ask for what?

Preparation for Medicine is long, arduous, and expensive. The majority of the students matriculate with the laudable expectation of gaining a livelihood from their profession, and yet before they have been handed their diplomas, a ceremony which in the nature of things they have come to treat lightly, they find that they must hustle about for themselves in order to obtain the further training which boards of licensure demand before they are entitled to practice. Due to the uncertainties and anxieties over the securing of a desirable hospital appointment, their attention is seriously distracted from their prescribed work during much of their final year. Moreover, in our own school of late years we have adopted what is known as the tutorial system, whereby certain of the students who show promise and have done well in their studies are entitled under guidance to devote themselves during their fourth year to some special line of work and to engage in research of a sort. These men, from the standpoint of a competitive examination for house-officerships, do not appear to make the best showing.

Whether the existing system of a combined examination for house-officerships in our three local hospitals is the best that can be devised is doubtful.

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The system was originated in order to prevent an unworthy and free-for-all competition on the part of the several institutions for the more promising students, which might grow to be demoralizing for all parties. The present system has now been in operation for many years, and whether the individual hospitals get the men they should, and whether the students are kept in unnecessary suspense owing to the hard-and-fast rules to which the three hospitals all honorably subscribe, is a matter of uncertainty.

There will graduate this year approximately 135 students for whom, through the mediation of this conjoint examination, 77 house-officer positions are thrown open, the appointments being for periods of from 10 to 21 months, the services starting at different times, ranging from July, 1927, to April, 1928. This looks like a goodly number of positions, but since students from other schools are entitled to compete for them, at least half of our students, on a rough estimate, must go in search of hospital appointments elsewhere.

Inasmuch as the hospitals in other communities may approach and pledge the undergraduates of the Harvard Medical School before the time set for our local examinations, a considerable number of them, who would perhaps prefer to have positions here, accept posts elsewhere rather than run the risk of missing-out entirely by waiting for and competing in our conjoint examination. Since all this is extremely unsettling, during what should be the most important period of their course, whether the school should not assume some greater responsibility in the matter — for the students' peace of mind, if for no other reason — is a question for serious consideration.

## REPORT OF THE SURGEON-IN-CHIEF

In our three major hospitals, which function as teaching hospitals however loose the academic ties may sometimes appear to be, the chiefs of service stand in an official relation to several bodies: to the university, to the medical school, to a particular department in the school, to the hospital, and to a particular service within the hospital. This would seem to be a descending scale of importance, but as a matter of fact in a school whose departments of medicine and surgery are run by committees of professorial representatives, no direct responsibility for departmental success or failure as a whole resting on the shoulders of a single individual, it is almost inevitable that contacts with school and university should come to be subordinated to those of the hospital. Consequently it is the development of his particular hospital clinic, for whose success or failure he is actually held responsible, that comes to engross the attention of the professorial clinician as he feels the ties with department, with school, and with university grow lax.

The conditions here in Boston are unusual and present a problem unfamiliar to university medical schools in which clinical instruction is given in a single strictly university hospital, as, for example, at the Johns Hopkins, at Ann Arbor, at Washington University, or at the newly established institutions in Nashville and Rochester. What I take to be the natural solution of our local problem will be discussed later on.

Fortunately, as matters now stand, the three hospitals in question differ in many respects and have different purposes in view in their selection of house officers. Naturally, each desires to get the best men it can, but a brief interview with the individual can-

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dicate by some neutral and unprejudiced party would often suffice to tell in which of the institutions concerned he would get the internship best suited to his immediate purposes. If he needs to get into practice and to support himself as soon as possible, he would do better in a hospital where he would see a large number of patients and have the responsibility for their personal care thrown upon him early. If he is prepared for a long pull and has the backing which will permit him to spend several years in preparation possibly for an institutional and academic career, a different course would be preferable.

**THE DESTINATION OF OUR HOUSE OFFICERS.** A comparatively small hospital like the Brigham, with its graded residential system, is favorably organized to train men with academic aspirations. Whether we are living up to our opportunities in this respect is another matter; but it is for this special reason that to these annual reports we have subjoined a register of the former members of the staff, in which the institutional positions they have subsequently come to hold are recorded. Nothing is more broadening for young men who aspire to become teachers than the occasional change of environment which provides new contacts. To get the most out of his mental soil a young man does well to rotate his educational crop.

I have before me a group picture taken in the spring of 1913 of the members of our first surgical staff. In connection with our present theme let us retrace their individual peregrinations. Dr. Emil Goetsch graduated from the University of Chicago, where he received a Ph.D., and became a Fellow in Anatomy before entering the Johns Hopkins Medical School. After his three years here as our first Resi-

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dent Surgeon he returned to the Johns Hopkins. There he was made an Associate in Surgery, and at the end of another three years he received his present professorial appointment at the Long Island College Hospital in Brooklyn. Dr. Jacobson, after graduating from Beloit, became a Research Fellow at the University of Chicago before going to the Johns Hopkins for his medical degree. On the opening of the Brigham Hospital he came to Boston and remained with us for eight years, having become meanwhile our second Resident Surgeon. He then went to the University of Minnesota as Associate Professor of Surgery, from which position he resigned to engage in practice in Seattle, Washington. Dr. Rand, a graduate of Williams and of the Johns Hopkins Medical School, served as a surgical house officer in the Johns Hopkins Hospital before coming here as an Assistant Resident. He then had a year's residency in the Mercy Hospital, Chicago, before entering practice in Los Angeles. Dr. Weed went from Yale to the Johns Hopkins Medical School and came here for two years as Arthur Tracy Cabot Fellow before returning to the Johns Hopkins, where he is now Dean and Professor of Anatomy.

Of the seven house officers comprising the group, five had received either their collegiate or medical degrees (in three instances both degrees) from Harvard. Dr. Hurwitz studied abroad for three years after getting his A.B. at Harvard. He graduated in Medicine at the Johns Hopkins and served as a medical interne there before taking his surgical house-officership with us. He then went to the University of California, was appointed Instructor in Research Medicine and finally Assistant Clinical Professor of Medicine. Drs. Cutler, Towne, and Cobb all received

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both their arts and medical degrees from Harvard. Dr. Cutler, after his Brigham house-officership, received an appointment at the Massachusetts General, a position he relinquished to become a research fellow at the Rockefeller Institute. After the war he became our third successive Resident Surgeon and subsequently served as an Associate Surgeon on the visiting staff until he accepted the Professorship of Surgery at the Western Reserve University in Cleveland. Dr. Stanley Cobb, on the conclusion of his surgical house-officership here, spent three years at the Johns Hopkins before returning to take a position at the Massachusetts General Hospital. After two years of further study abroad he was appointed to the Bullard Professorship of Neuropathology in our school. Dr. Towne also, after serving at the Brigham for three years as house officer and Assistant Resident, returned to California after the war and is now Associate Professor of Surgery at the Leland Stanford Jr. University. Dr. Lehman, a graduate of Williams and an M.D. of Harvard, after his house-officership went to the Barnes Hospital in St. Louis as Resident Surgeon and is now Instructor in Clinical Surgery in Washington University. Dr. Horrax, also an alumnus of Williams, received his M.D. at the Johns Hopkins before coming here to serve successively as house officer, Arthur Tracy Cabot Fellow, and Assistant Resident. He also acted for a time as Resident Surgeon at the Massachusetts General and since the war has been an Associate Surgeon on the Brigham hospital staff.

It can be seen from the experience of this original small surgical group how it is that no single institution can justly claim anything more than a part influence in the training of the individuals comprising

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ing it. Those of us representing the Brigham Hospital who attended the inaugural exercises last autumn of the newly established medical school in Rochester, New York, were impressed by the number of familiar faces among the appointees. The Professor of Surgery, and his first assistant Dr. Scott, were old Brigham house officers. Both Dr. Scott and the Professor of Medicine, Dr. McCann, had been Arthur Tracy Cabot fellows here. One of the assistant residents in medicine had his surgical house-officership with us. The supervisor of anæsthesia was a graduate of our nurses' training school and had been senior anæsthetist at the Brigham for many years. The Superintendent of Nurses had also been here for many years as a member of the nursing staff and had been Acting Superintendent during the two years in which our hospital unit was in France. It seemed indeed to be quite a Brigham show.

But this impression was soon dispelled on finding that other guests from other schools felt the same way about it and were no less impressed by the number of familiar faces from the institutions which they happened to represent. Subsequent inquiries have brought out the following facts:

The "whole-time" members of the faculty and staff of the Strong Memorial Hospital comprise 47 individuals. These 47 received their A.B. or equivalent degrees from 34 different institutions in the country: four from Cornell; three each from Yale, Harvard, and the University of California; two from Williams, Alabama, and Queen's University (Kingston); and the others widely scattering.

But when it comes to the 43 who have received a medical degree, the Johns Hopkins far and away leads the field with 23 graduates. The rest are nowhere—Cornell being represented by five, Harvard and Washington Universities by three each, California, McGill, and Yale by two. Of the 39 members of the faculty and staff who have served somewhere as house officers, twelve had done so at the Johns Hopkins, twelve in

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Boston hospitals with a Harvard affiliation (six at the Massachusetts General, five at the Brigham, and one at the Children's), four at the Henry Ford Hospital, and the rest scattering.

Of those 16 who had pursued graduate work subsequent to their house-officerships, five had done so at the Johns Hopkins, three at Harvard (two of them as stated having been Arthur Tracy Cabot fellows), two at the Rockefeller Institute, and the others scattering singly. Of those 21 who had held faculty positions before receiving their appointments, seven had done so at the Johns Hopkins, three at both California and Harvard, two at both Washington and Yale.

It is evident from this analysis that though our Department of Physiology is well represented, it is not the Harvard Medical School nor its affiliated hospitals that have been chiefly called upon to fill the positions in this one school at least. To be sure, the Dean, who has brought this new faculty together, as a Hopkins graduate and former teacher there, may have preferred the Hopkins product, but this does not wholly explain what the figures disclose. Nor is it a sufficient answer that graduates in medicine from Boston are less inclined to migrate than graduates of the Baltimore school.

**PROPOSAL FOR SEPARATE CLINICAL SCHOOLS.** From the foregoing sections it may be gathered that, from the standpoint of a surgeon, there are three sources of dissatisfaction with the present conditions: (1) the over-emphasis on research in the fundamental courses in the medical school and as a corollary the want of emphasis on the relation of the subjects taught to the practice of medicine; (2) the present curricular arrangement which obliges the distracted students in their clinical years to flit in small groups from instructor to instructor and from one hospital to another; (3) the deplorable system whereby the senior student must scrabble for a post-graduate house-officership without which in many states he is barred from the practice of his profession.

An expression of dissatisfaction, even though its purpose is to provoke discussion, is of little value

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unless accompanied by some suggestions for betterment. There are several ways in which we may, with patience, come to improve our present schedule — ways which will be as important for our hospitals as for the school itself. The three points under discussion will be taken up *seriatim*.

In the first place, and largely for the benefit of the great majority of our students who are to pass from their internships into practice, the earlier in their course they begin to think in terms of the patient the better for them and for their chances to secure the more desirable hospital appointments. It was with this object in view that some five years ago an A B C clinical exercise was offered to first-year students on Saturday mornings in the amphitheatre of the Brigham Hospital. The course, which was given the first year by the writer, was subsequently conducted by Dr. Cutler and latterly by Dr. Cheever, whose long apprenticeship as a teacher in the anatomical department eminently fits him for the task. The course, which is purely voluntary, is attended by the students almost to a man, and its popularity indicates that it fills a definite need. It is believed that the practical-minded student will pursue his anatomical studies with far greater enthusiasm if he can have presented to him, *pari passu* with his dissecting-room experiences, some simple examples of the bearing of morphology on his future clinical work.

A course of this sort should be given only by the most experienced clinical instructors, for younger men are prone to teach over the students' heads. Its most important objects are two: early training in clinical observation; an early appreciation of the relation of the laboratory subjects, in which the student is engaged, to conditions of disease. It is an

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exercise which can properly be conducted only in the clinic and by clinicians who have an interest in and are familiar with the laboratory course which the exercises are intended to overlap.

There is no reason why such exercises should be confined to the clinical applications of anatomy; they could well enough be equally illuminating to the students' exercises in physiology, chemistry, pharmacology, pathology, and bacteriology. If such a preliminary course in clinical observation and application fails to find a suitable overlap with the pre-clinical exercises as they are given, it indicates, I think, that there must be something wrong with these exercises from the standpoint of training for medical practice.

The experiment of giving in some one of the hospitals affiliated with the school a brief clinical demonstration of the sort described, to begin the day throughout the first two years of the course, is one worth trying. By such simple exercises the students will have gained an early start in clinical observation, and the majority of them, it is believed, will attack their laboratory work, which will fill the remainder of the day, with greater understanding, sympathy, and enthusiasm than they show at present when they are held at arm's length from the clinic. So much for the first point under discussion.

Let us pass to the second point. The natural solution of our problem as clinical teachers, which becomes more complex with the increasing numbers of students, would seem to be that the three major hospitals affiliated with the school should come to be looked upon as independent clinical units, each with its own permanently apportioned group of students, rather than as coördinate teaching units for the entire body of students. Should this proposal ever come to

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be put in operation, the school could then deal directly with the chiefs of service of the individual hospitals and hold them responsible for the entire clinical instruction of their apportioned block of third- and fourth-year students who in a sense would be apprenticed to the hospitals. The separate groups of students would on this basis become, during their two years of clinical work, personally acquainted with the staff and thoroughly familiar with the methods of procedure of one hospital rather than vaguely familiar with the methods and personalities of three.

If the curricular difficulties of such a rearrangement could be surmounted, the advantages would be many. A healthy rivalry between the separate hospital units would lead to a betterment of the teaching conditions in each of them; the intimacy between teachers and students such as exists in the English hospital-schools would be made possible by the students' prolonged sojourn in one institution; and the entire hospital staff would come to engage in a tutorial capacity for the particular group of students apprenticed to it, thereby widely expanding our present narrow and expensive system of apportioning individual tutors for selected small groups of students.

The third point at issue, the present unsatisfactory system under which the students seek appointments, would be nearer solution on the proposed basis, for the responsibility of advising students in regard to their subsequent hospital internships would devolve upon the clinical teachers of the hospital to which they have been assigned, thereby relieving the Dean's Office in the school from any obligation in the matter.

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PUBLICATIONS FOR THE YEAR 1926

The list of publications for the year, when compared with the output of fifty-six articles in 1925, shows a notable diminution in number. For this the Surgeon-in-Chief may be held largely responsible. Reasons that need not be gone into brought it about that a number of papers, which he was expected to revise before they were sent to press, were permitted to accumulate until it was too late for their publication in the current year. Though it is hoped that the staff will have a better showing in 1927, it may be stated that the number of published articles is of less moment than their quality.

During the year the results of a long three years' investigation of the gliomas were published. Dr. Bailey's laborious and detailed histological studies formed the basis of the classification of these tumors which was adopted. The significance of this work for the neurosurgeon can hardly be overestimated, for it has revolutionized our entire attitude toward a group of lesions of the central nervous system formerly looked upon as hopeless from a surgical point of view. The heavy expenses of this long study have been covered by the Philip H. Gray Fund, without which it could scarcely have been consummated.

Dr. Whitaker has persisted in his fruitful investigations of the function of the gall bladder. A small grant apportioned to him by the Medical School authorities from the DeLamar Mobile Fund should be gratefully acknowledged. It has permitted him to continue with his studies in the surgical laboratory of the school since the expiration of his Arthur Tracy Cabot Fellowship.

The anatomical studies by Dr. Tracy J. Putnam

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of the central visual system, though conducted primarily in Amsterdam in the laboratory of Professor Brouwer, were completed here and prepared for the press during his period of service as Arthur Tracy Cabot Fellow.

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**THE STAFF AND ITS PERSONNEL.** After a sabbatical year passed in the West, Dr. Cheever resumed his hospital and school duties at the beginning of the autumn semester. During his absence Dr. Francis C. Newton took over his duties as one of the official surgeons to the hospital. In August, Dr. Bailey, after a year's leave of absence in Paris, returned to his post as an Associate in Surgery, his special charge being the direction of the work in the neurosurgical laboratory.

At the conclusion of his second year as Resident Surgeon, Dr. Harlan F. Newton resigned and is now enjoying a year of research in the Physiological Laboratory of the Harvard Medical School. He was succeeded by Dr. Clare E. Bird, who after a year in the surgical department of the Yale Medical School had returned here in the position of an Assistant Resident. Dr. Bird's vacated position was filled by Dr. John H. Powers, a former graduate of the Harvard Medical School, who had started his medical training as a Rhodes Scholar at Trinity College, Oxford, and who served as a house officer at the Lakeside Hospital under Dr. E. C. Cutler before coming on duty here in October.

Dr. Leo M. Davidoff, having completed in October

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his year as Assistant Resident Surgeon in charge of the neurological cases, has gone abroad to continue his studies, at the National Hospital in Queen Square, London, and with Professor Jakob at the Hamburg-Eppendorf Hospital. He has been succeeded by Mr. Hugh W. B. Cairns, one of the junior visiting surgeons at the London Hospital, England. Dr. Cairns comes here under a Rockefeller fellowship to gain some experience in neurological surgery with the expectation of continuing with this work on his return to London.

Dr. Charles E. Teel, of Washington University, who was acting as Dr. Quinby's Assistant Resident from November, 1925, until June 22, 1926, has gone to Bellingham, Washington, to engage in private practice. His position has been taken by Mr. Bernard J. Scholefield, a B.M. and B.Ch. of Oxford, who subsequently served in the capacity of House Surgeon at Guy's Hospital. Mr. Scholefield has been in this country for two years as an incumbent of one of the Commonwealth Fund fellowships, his first year having been spent in the Hunterian Laboratory of Johns Hopkins Medical School.

Dr. Arthur J. McLean, a graduate of the Johns Hopkins Medical School, on the completion of his Brigham house-officership was appointed Arthur Tracy Cabot Fellow in succession to Dr. Tracy J. Putnam. Dr. Putnam, while continuing with his experimental work, has come on duty at the hospital as a junior Associate in Surgery.

We continue to have occasional voluntary assistants on the staff. They happen to be persons whose chief interest lies in the field of neurology. By good fortune, owing to the Philip H. Gray Fund, it has been possible to give these men opportunities to

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engage in researches, the expenses of which could otherwise have hardly been met. Dr. Francis C. Grant, a member of the visiting staff of the University of Pennsylvania Hospital, continued with his work here until the middle of the year. Dr. Walter Lehmann, a *Privatdozent* in surgery and *Oberarzt* of the surgical clinic of the University of Göttingen, was here for the larger portion of the year to gain some experience in neurological surgery. Dr. Georg Schaltenbrand of the Hamburg-Eppendorf Hospital came in the middle of January on a Rockefeller Foundation fellowship and has been engaged in researches chiefly in the surgical laboratories of the hospital and the medical school in collaboration with Drs. Bailey and Putnam.

During Dr. Bird's temporary absence in March, Dr. David Rioch, one of our graduating house officers, served for a period as Assistant Resident Surgeon before leaving for Rochester, N. Y., to act as Assistant Resident on the medical service of Dr. W. S. McCann. Our other house officers listed in the previous annual report, whose terms of service ended during the year, have scattered. Dr. Brill accepted a position at the University of Pennsylvania Hospital on the service of Dr. Müller. Dr. Theodore C. Greene has gone as a medical missionary to Pekin, China. Dr. John M. Fallon has been given a fellowship at the Mayo Clinic. Dr. Franc D. Ingraham holds a research position on the staff of Dr. Dean Lewis at the Johns Hopkins Hospital.

SURGEON-IN-CHIEF PRO TEMPORE. This position was filled from March 7 to March 16 by Dr. Clarence L. Starr, Professor of Surgery at the University of Toronto. The Brigham Hospital had already come to have affiliations with this leading

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Canadian school owing to the award some years ago of the Mickle Fellowship, which was utilized to bring here a Toronto graduate, in the person of Dr. Kenneth G. McKenzie, for a year's assistant residentsip.

Toronto has a school of most excellent teaching traditions, and from Dr. Starr, during his all-too-brief sojourn, we learned many things of great value to us regarding the system of clinical organization in force at his own university, for the development of which he is largely responsible. Not only did the undergraduate students have the good fortune to attend the admirably conducted and most practical clinical exercises and ward visits of this inspiring teacher, but our junior house staff had the great privilege of having him "live in" with them and share their life as internes during his visit, which all will remember with delight.

**SURGICAL TABULATIONS.** For the first time since 1920 there has been a slight drop instead of an annual increase in the number of patients discharged during the year. This is shown by the accompanying table.

YEAR	Total Discharges	Deaths	General mortality %	Diagnoses	Excess % of Diagnoses	Patients operated upon	Case % operated upon	Operations recorded	Post-operative deaths	Case mortality %	Operative mortality %
1913	690	35	5.00	690	0	477	69.1	693	29	6.0	4.2
1914	1474	83	5.63	1474	0	992	67.3	1361	61	6.1	4.5
1915	1869	89	4.76	2366	26.5	1328	71.2	1526	72	5.4	4.7
1916	2014	93	4.61	2348	16.5	1422	70.6	1632	68	4.8	4.1
1917	2021	74	3.66	2533	25.3	1457	72.0	1639	54	3.7	3.2
1918	1856	71	3.82	2315	24.7	1304	70.2	1474	61	4.7	4.1
1919	2123	102	4.80	2659	25.2	1411	66.4	1563	79	5.6	5.1
1920	2090	91	4.35	2604	24.5	1399	66.8	1602	69	4.9	4.3
1921	2195	107	4.87	2640	20.2	1405	64.0	1591	86	6.1	5.3
1922	2274	110	4.83	2692	18.3	1517	67.1	1552	71	4.7	4.5
1923	2397	135	5.62	3084	28.2	1646	68.6	1713	81	4.9	4.7
1924	2508	144	5.74	3462	38.0	1783	71.1	1843	75	4.2	4.1
1925	2578	134	5.19	3629	40.7	1667	64.6	1762	72	4.3	4.1
1926	2415	143	5.92	3565	40.7	1663	68.8	1789	87	5.2	4.8

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In the annual report of a year ago it was stated that with an average 16-day sojourn we should be able to care for 2,510 patients each year, provided all of the beds apportioned to surgery were kept continually filled. I can only account for the slight falling-off in the total number of patients for the twelve months on the basis that the number of neurological cases has become considerably augmented. It indeed has proved at times difficult to keep this subdivision of the general surgical service within proper bounds. With our existing organization we can hardly do justice to patients suffering from critical maladies of this type if we undertake to operate upon more than one of them each day. Since the average hospital sojourn of brain-tumor cases is about three weeks, twenty-one patients undergoing investigation at a time is as many as can be well compassed without slighting the preliminary and postoperative studies of the individual cases. To make a differential, localizing, and pathological diagnosis of a tumor of the brain is often a time-consuming process. In obscure cases, before an opinion can be expressed, more than one examination by more than a single observer has to be made, and the operator himself rather than a second party must assume the responsibility of the final decision. It is impossible routinely to schedule for operation patients with lesions of this sort. Moreover, when the number of these cases under observation increases, as it occasionally does, to more than thirty, the patients have to wait their turn; their hospital sojourn is inevitably prolonged; and beds are occupied that might be used for general surgical cases that could be more expeditiously cared for.

Every attempt to double-up on these critical oper-

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ations and to do more than one a day in order to clear the schedule, has led to an increased mortality, for mistakes in diagnosis inevitably creep in, and at best these operations are not ones to be hurried. Each year the burden of this work becomes increasingly heavier, not only because of the number of appeals which are difficult to refuse, but also because new methods of attack upon hitherto supposedly inaccessible tumors are constantly being made. These newer procedures, by the novel methods of electro-surgery, are excessively time-consuming and physically exhausting. Operations which require five or six or even more hours for their successful accomplishment leave scarce energy or time even for the proper staging of the operation for the ensuing day. The responsibility of these undertakings is heavy, but the realization of the constant and rapid progress that is being made is sufficient reward for those of us who participate in this special field of work.

In the annual report for 1925 it was stated that during the year there had been 157 operations for intracranial tumor, with 22 deaths, a mortality of 14 per cent. During the past year there have been 217 such operations with 25 deaths, giving a mortality of 11.5 per cent. When one considers the desperate nature of many of these procedures, together with the fact that from failure to recognize the condition early the victims of brain tumor are often admitted to the hospital *in extremis*, the mortality figures are perhaps not discreditable, though we aim to keep them so far as possible at or below 10 per cent.

What, however, I wish here to point out, for the sake of my colleagues who shoulder the general sur-

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gical work of the hospital, is the fact that the unavoidable increase in the number of brain-tumor cases not only accounts in all probability for the diminished number of patients discharged during the year, but also for the increase in the figure showing the combined operative case-mortality which for the first time in several years again exceeds 5 per cent.

HARVEY CUSHING,  
*Surgeon-in-Chief.*

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Surgical Diagnoses and Operations

JANUARY 1, 1926, TO JANUARY 1, 1927

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION I				
SPECIFIC INFECTIOUS DISEASES, GENERAL DISEASES				
(See also SPECIAL ORGANS)				
Coryza . . . . .	2			
Diphtheria . . . . .	2			
Gonorrhreal complications (varia) . . . . .	24			
<i>Operations</i> (varia) . . . . .			15	
Measles . . . . .	1			
Infection, acute respiratory . . . . .	1			
Pneumonia (post-operative, 25) . . . . .	38	1		
Rheumatic fever, subacute . . . . .	1			
Sepsis, general . . . . .	10			
Syphilis . . . . .	25	1		
Tinea "Epidermophytosis" . . . . .	1			
Tuberculosis, miliary . . . . .	1			
Typhoid fever . . . . .	1			
SECTION II				
DISEASES DUE TO ANIMAL PARASITES				
Amebiasis of colon . . . . .	1			
Echinococcus cyst . . . . .	1			
Oxyuris vermicularis . . . . .	1			
Pediculosis capillitii . . . . .	1			
Pediculosis pubis . . . . .	1			
Tenea saginata . . . . .	1			
SECTION III				
DISEASES OF METABOLISM				
Diabetes insipidus . . . . .	4			
Diabetes mellitus . . . . .	36	1		
Gangrene, diabetic <i>Amputation</i> . . . . .	8	2	8	1

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Glycosuria . . . . .	2			
Obesity . . . . .	10			
Osteomalacia . . . . .	1			
Ulcer, diabetic . . . . .	1			
SECTION IV				
DISEASES PECULIAR TO INFANCY				
Convulsions . . . . .	1			
SECTION V				
DISEASES DUE TO PHYSICAL AGENTS				
Burns, varia . . . . .	4			
SECTION VI				
POISONINGS. INTOXICATIONS				
Alcoholism, acute . . . . .	5			
Alcoholism, chronic . . . . .	2			
Poisonings, acute . . . . .	2			
Poisonings, chronic . . . . .	2			
Poisonings, chronic non-industrial . . . . .	1			
Suffocation by smoke . . . . .	1			
SECTION VII				
TUMORS, BENIGN OR MALIGNANT				
(See SPECIAL ORGANS)				
SECTION VIII				
CONGENITAL MALFORMATIONS				
Absence of appendix <i>Exploratory laparotomy</i>	1	.....	1	
Branchial cyst <i>Excision</i> . . . . .	2	.....	2	
Dislocation, congenital of joint . . . . .	1			
Hypospadias <i>Plastic</i> . . . . .	1	.....	1	
Kidneys:				
Horseshoe kidney . . . . .	2			
Polycystic kidney <i>Exploration</i> . . . . .	1	.....	1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Oxycephaly <i>Subtemporal decompression</i> . . .	2	.....	1	
Pilonidal sinus <i>Excision</i> . . . . .	13	.....	12	
Scoliosis, congenital . . . . .	1			
Situs transversus . . . . .	1			
Spina bifida <i>Laminectomy</i> . . . . .	1	.....	1	
Supernumerary breasts and axillae <i>Excision</i>	1	.....	1	
Ureter:				
Double ureter . . . . .	4			
Webbed fingers <i>Division — skin graft</i> . . .	1	.....	1	
SECTION IX				
INJURIES				
Abrasions and contusions . . . . .	52	1		
Avulsion of ear . . . . .	1			
Contracture of fascia . . . . .	1			
Crush of hand . . . . .	1			
Dislocation of femur . . . . .	1			
Dislocation of finger <i>Reduction</i> . . . . .	1	.....	1	
Dislocation of hip . . . . .	1			
Dislocation of humerus <i>Reduction</i> . . . . .	1	.....	1	
Dislocation of pelvis <i>Fixation</i> . . . . .	1	.....	1	
Dislocation of shoulder . . . . .	1			
Dislocation of toe . . . . .	3			
Dislocation of vertebra . . . . .	1			
Foreign body <i>Removal</i> . . . . .	2	.....	1	
Fractures:				
Head:				
Mandible . . . . .	6			
Nasal bone . . . . .	2			
Skull <i>Subtemporal decompression</i> . . .	19	3	4	
Lower extremity:				
Femur . . . . .	12	1		
Fibula . . . . .	8			
Metatarsals . . . . .	3			
Os calcis . . . . .	1			
Patella . . . . .	3			
Tibia . . . . .	5			
Tibia and fibula . . . . .	10			

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Upper extremity:				
Humerus . . . . .	11			
Metacarpals and phalanges	8	.....	2	
Radius . . . . .	4			
Radius and ulna . . . . .	2			
Ulna . . . . .	1			
Trunk:				
Clavicle . . . . .	5			
Pelvis . . . . .	6			
Ribs . . . . .	6	1		
Scapula . . . . .	2			
Spine . . . . .	8	1		
Hematoma <i>Incision — drainage</i> . . . . .	7	.....	3	
Maceration of muscles . . . . .	1			
Rupture . . . . .	4			
Separation of epiphysis . . . . .	3			
Separation of symphysis . . . . .	1			
Severed nerve . . . . .	1			
Severed tendon <i>Suture</i> . . . . .	5		3	
Shock . . . . .	8	1		
Sprain . . . . .	1			
Strain . . . . .	7			
Wound, gunshot <i>Débridement</i> . . . . .	3	1	2	1
Wound, incised, or lacerated <i>Suture</i> . . . . .	43	1	8	

## SECTION X

### SPECIAL SKIN DISEASES

Abscess <i>Incision — drainage</i> . . . . .	30	1	20
Carbuncle, varia <i>Incision — drainage</i> . . .	7	1	4
Cellulitis, varia <i>Incision — drainage</i> . . .	17	.....	5
Cicatrix <i>Excision</i> . . . . .	2	.....	2
Clavus <i>Excision</i> . . . . .	1	.....	1
Eczema . . . . .	2		
Erysipelas . . . . .	1		
Furunculosis <i>Incision — drainage</i> . . . . .	6	.....	1
Ingrowing toe nail <i>Excision</i> . . . . .	1	.....	1
Nevus pigmentosus <i>Excision</i> . . . . .	2	.....	2
Paronychia . . . . .	1		
Psoriasis . . . . .	1		

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<b>Tumors:</b>				
Carcinoma, epidermoid . . . . .	2			
Cyst, dermoid <i>Excision</i> . . . . .	2	.....	2	
Cyst, sebaceous <i>Excision</i> . . . . .	3	.....	3	
Epithelioma . . . . .	2			
Fibroma <i>Excision</i> . . . . .	1	.....	1	
Lipoma <i>Excision</i> . . . . .	7	.....	4	
Melanoma <i>Excision</i> . . . . .	2	.....	2	
Papilloma <i>Excision</i> . . . . .	1	.....	1	
Sarcoma <i>Excision</i> . . . . .	2	.....	2	
Ulcer <i>Incision — drainage</i> . . . . .	3	.....	2	
Urticaria (cause unknown) . . . . .	1			
Verruca <i>Excision</i> . . . . .	3	.....	3	
Wound, infected, varia . . . . .	21			
<i>Incision — drainage</i> . . . . .	.....	.....	3	
<i>Re-amputation</i> . . . . .	.....	.....	1	
<b>SECTION XI</b>				
<b>DISEASES OF THE CIRCULATORY SYSTEM</b>				
<b>A. ARTERIES</b>				
Aneurism <i>Ligation</i> . . . . .	8	.....	2	
Arteriosclerosis . . . . .	30	1		
Embolism . . . . .	1			
Gangrene, senile <i>Amputation</i> . . . . .	5	.....	6	
Thromboangiitis obliterans <i>Excision</i> . . .	2	.....	1	
<b>B. HEART</b>				
Angina pectoris . . . . .	3			
Aortic and mitral insufficiency with mitral stenosis	1			
Auricular fibrillation . . . . .	5			
Auricular fibrillation, paroxysmal . . . . .	1			
Dilatation of heart . . . . .	1			
Endocarditis, subacute . . . . .	1			
Heart disease, rheumatic . . . . .	2			
Heart disease, thyroid . . . . .	4			
Hypertension . . . . .	41			
Hypotension . . . . .	1			
Infarct of heart . . . . .	12			

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Mitral insufficiency . . . . .	3			
Mitral insufficiency and stenosis . . . . .	8			
Mitral stenosis . . . . .	5			
Myocarditis, chronic . . . . .	48	1		
Tachycardia, paroxysmal . . . . .	1			
C. VEINS				
Pylephlebitis . . . . .	2			
Thrombophlebitis . . . . .	16			
Thrombosis . . . . .	4	2		
<i>Excision</i> . . . . .	.....		2	1
<i>Ligation</i> . . . . .	.....		1	
Tumors:				
Angioma cavernosum <i>Excision</i> . . . . .	1	.....	1	
Hemangioma <i>Excision</i> . . . . .	1	.....	1	
Varix <i>Excision</i> . . . . .	23	.....	16	
Varix with ulcers <i>Excision — skin graft</i> . . .	8	.....	7	
SECTION XII				
DISEASES OF THE LYMPHATIC SYSTEM				
Abscess, axillary <i>Incision — drainage</i> . . . . .	4	.....	3	
Elephantiasis . . . . .	2			
Lymphadenitis . . . . .	13			
Lymphangitis . . . . .	13			
Tuberculosis of lymph nodes, varia <i>Excision</i> . . . . .	9	.....	8	
Tumors:				
Adenocarcinoma . . . . .	1			
Carcinoma of lymph glands . . . . .	2			
Cyst <i>Excision</i> . . . . .	1	.....	1	
Lymphoma, malignant . . . . .	2			
Lymphosarcoma . . . . .	2			
SECTION XIII				
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS				
Anemia, pernicious . . . . .	3			
Anemia, secondary . . . . .	37			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XIV				
DISEASES OF THE DUCTLESS GLANDS				
B. PITUITARY GLAND				
Acromegaly with adenoma . . . . .	29	2		
<i>Transphenoidal operation</i> . . . . .	.....	.....	14	2
Dyspituitarism without tumor . . . . .	1			
Dyspituitarism with adenoma . . . . .	30	1		
<i>Transfrontal operation</i> . . . . .	.....	.....	2	
<i>Transphenoidal operation</i> . . . . .	.....	.....	24	
Hypopituitarism with tumor of cranio-pharyngeal (Rathke's) pouch . . . . .	17	2		
<i>Transfrontal operation</i> . . . . .	.....	.....	11	2
<i>Transphenoidal operation</i> . . . . .	.....	.....	1	
Polyglandular syndrome . . . . .	1			
E. THYROID GLAND				
Goitre (uncertain type) . . . . .	1			
Goitre, diffuse colloid <i>Subtotal thyroidectomy</i>	1	.....	1	
Goitre, exophthalmic . . . . .	14	2		
<i>Ligation</i> . . . . .	.....	.....	1	1
<i>Subtotal thyroidectomy</i> . . . . .	.....	.....	12	1
Myxedema . . . . .	1			
Tumors:				
Adenocarcinoma . . . . .	1			
Adenoma <i>Partial thyroidectomy</i> . . . . .	8	.....	7	
Carcinoma . . . . .	2	1		
F. PINEAL GLAND				
Pubertas precox . . . . .	1		-	
Tumor: unverified . . . . .	1			
SECTION XV				
DISEASES AND INJURIES OF THE NERVOUS SYSTEM				
A. BRAIN				
Abscess . . . . .	5	2		
Arteriosclerosis, cerebral . . . . .	5			
Ataxia, cerebellar . . . . .	1			

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Concussion . . . . .	19	1		
Encephalitis . . . . .	4	1		
Epilepsy . . . . .	15			
Fungus cerebri . . . . .	1			
Hemiplegia . . . . .	3			
Hemorrhage into cerebrum . . . . .	2			
Hemorrhage into pons . . . . .	1			
Hernia of brain <i>Excision</i> . . . . .	1	.....	1	
Hydrocephalus . . . . .	3	1		
Pneumatocele <i>Evacuation</i> . . . . .	1	.....	1	
Thrombosis, cerebral . . . . .	1			
Tumors:				
(1) Pituitary and suprasellar ( <i>cf.</i> Ductless Glands, Section XIV, B.) . . . . .				
(2) Cerebral tumors, verified:				
Carcinoma, metastatic <i>Extirpation</i> . . .	5	3	5	3
Glioma . . . . .	52	14		
<i>Exploration with decompression</i> . . . . .			10	2
<i>Extirpation, partial or total</i> . . . . .			38	5
Meningioma . . . . .	19	1		
<i>Exploration with decompression</i> . . . . .			4	1
<i>Extirpation</i> . . . . .			16	
Perithelioma <i>Extirpation</i> . . . . .	2	.....	1	
Sarcoma <i>Extirpation</i> . . . . .	1	.....	1	
Sympatheticoblastoma . . . . .	1			
Tuberculoma <i>Extirpation</i> . . . . .	1	.....	1	
Tumor: unclassified . . . . .	1	1		
<i>Subtemporal decompression</i> . . . . .			1	1
(3) Cerebellar tumors, verified:				
(a) Intracerebellar tumors:				
Ependymoma <i>Extirpation, partial</i> . . .	1	1	2	1
Glioma and gliomatous cyst . . . . .	22	3		
<i>Exploration with ventricular puncture</i> . . . . .			5	1
<i>Extirpation, partial or total</i> . . . . .			14	1
Hemangioma <i>Exploration</i> . . . . .	1	.....	1	
Papilloma <i>Extirpation, total</i> . . . . .	1	1	1	1
Tuberculoma <i>Exploration</i> . . . . .	1	.....	1	
(b) Extracerebellar tumors:				
Acoustic neurinoma . . . . .	16	2		
<i>Extirpation, partial or total</i> . . . . .			14	2

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
(4) Unverified tumors:				
(a) Cerebral . . . . .	45	1		
<i>Exploration with subtemporal decompression</i>	.....		25	
(b) Cerebellar . . . . .	20	1		
<i>Exploration</i> . . . . .	.....		10	1
<i>Exploration with suboccipital decompression</i>	.....		4	
(c) Pontine . . . . .	2			
(5) Tumor suspects:				
(a) Cerebral . . . . .	57	1		
<i>Exploration</i> . . . . .	.....		4	1
<i>Exploration with subtemporal decompression</i>	.....		3	
(b) Cerebellar <i>Exploration</i> . . . . .	17	1	3	1
(c) Pontine . . . . .	1	1		
<b>B. CEREBROSPINAL AFFECTIONS</b>				
Pseudosclerosis, spastic . . . . .		1		
Rhinorrhea, cerebrospinal . . . . .		1		
Sclerosis, multiple . . . . .	10			
<b>C. MENINGES</b>				
Arachnoiditis . . . . .		5		
Meningitis, basilar . . . . .		1	1	
Meningitis, cerebrospinal . . . . .		2		
Meningitis, encephalo- . . . . .		1		
Pachymeningitis, chronic suppurative . . . . .		1		
<b>D. MENTAL AFFECTIONS</b>				
Dementia senile . . . . .		3		
Feeble-mindedness . . . . .		2		
Insanity, manic depressive . . . . .		1		
Neurosis, traumatic . . . . .		1		
Psychoneuroses . . . . .	30			
Psychopathic inferiority, constitutional . . . . .		1		
Psychoses, infectious . . . . .		7		
Psychoses, toxic . . . . .		2		
<b>E. MISCELLANEOUS</b>				
Convulsions . . . . .		4		
Paralysis agitans . . . . .		6		
Vertigo . . . . .		1		

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<b>F. PERIPHERAL NERVES</b>				
Neuralgia, facial (obscure origin) . . . . .	3			
Neuralgia, sciatica . . . . .	3			
Neuralgia, trigeminal, major . . . . .	16			
<i>Alcohol injection</i> . . . . .	.....	.....	2	
<i>Avulsion of sensory root</i> . . . . .	.....	.....	15	
Neuralgia, trigeminal, minor . . . . .	30			
<i>Alcohol injection</i> . . . . .	.....	.....	32	
<i>Neurectomy</i> . . . . .	.....	.....	2	
Paralysis, hysterical . . . . .	2			
Paralysis of brachial plexus <i>Suture</i> . . . . .	3	.....	3	
Paralysis of cranial nerves, facial . . . . .	2			
Torticollis, spasmodic <i>Intraspinal neurectomy</i> . . . . .	3	.....	1	
Tumor:				
Neuroma <i>Excision</i> . . . . .	1	.....	1	
<b>G. SPINAL CORD</b>				
Hydromyelia <i>Laminectomy</i> . . . . .	1	.....	1	
Myelitis . . . . .	3			
Paraplegia <i>Laminectomy</i> . . . . .	2	.....	1	
Sclerosis, spinal . . . . .	2	1		
Syringomyelia, cervico-bulbar . . . . .	1			
Tabes dorsalis <i>Cordotomy</i> . . . . .	1	.....	1	
Tumors:				
(1) Verified:				
Carcinoma, metastatic . . . . .	2			
<i>Laminectomy with partial removal of tumor</i> . . . . .	.....	.....	1	
Ependymoma . . . . .	1			
<i>Laminectomy with partial removal of tumor</i> . . . . .	.....	.....	1	
Lipoma . . . . .	1			
Meningioma . . . . .	3			
<i>Laminectomy</i> . . . . .	.....	.....	1	
<i>Laminectomy with removal of tumor</i> . . . . .	.....	.....	2	
(2) Unverified . . . . .	2			
(3) Suspect . . . . .	2	.....	1	
<b>H. SYMPATHETIC NERVOUS SYSTEM</b>				
Paralysis, ischemic . . . . .	1			
Raynaud's disease . . . . .	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
I. MYOPATHIES				
Myositis . . . . .	1			
SECTION XVI				
DISEASES OF THE BONES, JOINTS, MUSCLES, TENDONS, AND FASCIA				
A. DISEASES OF THE BONES AND CARTILAGES				
Exostosis <i>Excision</i> . . . . .	1	.....	1	
Osteitis deformans . . . . .	2			
Osteomyelitis . . . . .	11			
<i>Amputation</i> . . . . .	.....	.....	1	
<i>Incision — drainage</i> . . . . .	.....	.....	10	
<i>Removal sequestra</i> . . . . .	.....	.....	3	
Periostitis, non-traumatic <i>Drainage</i> . . . . .	3	.....	1	
Tuberculosis of bone . . . . .	5			
<i>Excision</i> . . . . .	.....	.....	2	
<i>Resection</i> . . . . .	.....	.....	2	
Tumors:				
Carcinoma, metastatic to spine . . . . .	2			
Endothelioma of ilium . . . . .	1			
Myeloma of skull <i>Excision</i> . . . . .	1	.....	1	
Osteochondroma of skull . . . . .	1			
<i>Subtemporal decompression</i> . . . . .	.....	.....	1	
Osteoma of ethmoid <i>Excision</i> . . . . .	1	.....	1	
Osteosarcoma of femur . . . . .	1			
Osteosarcoma of skull . . . . .	1			
Sarcoma, osteogenic, of femur . . . . .	1			
Sympatheticoblastoma of cranium <i>Excision</i>	1	.....	1	
B. DISEASES OF THE JOINTS				
Ankylosis . . . . .	3			
Arthritis, chronic infectious . . . . .	3			
Arthritis, subacute . . . . .	1			
Arthritis, traumatic . . . . .	2			
Arthritis deformans . . . . .	9			
Arthropathy, Charcot's . . . . .	2			
Flail joint . . . . .	1			
Osteoarthritis <i>Laminectomy</i> . . . . .	2	.....	1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Poliomyelitis, deformities due to . . . . .	1			
Relaxed sacro-iliac . . . . .	3			
Synovitis . . . . .	1			
<b>C. OTHER DISEASES</b>				
Amputation stump, painful <i>Amputation</i> . . . . .	2	.....	1	
Bursitis . . . . .	2			
Contraction, cicatricial <i>Excision</i> . . . . .	1	.....	1	
Strain, sacro-iliac . . . . .	2			
Talipes equinus <i>Division of tendon</i> . . . . .	1	.....	1	
Tumor:				
Giant cell sarcoma of tendon sheath <i>Excision</i>	1	.....	1	
<b>SECTION XVII</b>				
<b>DISEASES AND INJURIES OF THE EYE AND EAR</b>				
<b>DISEASES OF THE EYE</b>				
<b>E. CORNEA</b>				
Keratitis, ulcerative . . . . .	1			
<b>H. LENS</b>				
Cataract, senile . . . . .	1			
<b>K. RETINA</b>				
Separation of retina . . . . .	1			
<b>M. OPTIC NERVE</b>				
Atrophy . . . . .	3			
Neuritis, retrobulbar . . . . .	3			
<b>N. EYEBALL</b>				
Exophthalmos, pulsating . . . . .	1			
<b>P. DISTURBANCES OF MOTION</b>				
Nystagmus . . . . .	1			
<b>DISEASES OF THE EAR</b>				
<b>Q. GENERAL</b>				
Deaf-mutism . . . . .	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<b>S. EXTERNAL AUDITORY CANAL</b>				
Abscess <i>Incision — drainage</i> . . . . .	2	.....	2	
Otitis externa . . . . .	1			
<b>V. MIDDLE EAR AND MASTOID</b>				
Mastoiditis, acute . . . . .	2			
<i>Incision — drainage</i> . . . . .	.....		1	
<i>Mastoidectomy</i> . . . . .	.....		1	
Otitis media . . . . .	6			
<i>Removal necrotic bone</i> . . . . .	.....		1	
<b>W. INTERNAL EAR</b>				
Labyrinthitis . . . . .	2			
Vestibulitis . . . . .	1			
<b>SECTION XVIII</b>				
<b>DISEASES OF THE NOSE AND ACCESSORY SINUSES</b>				
Deviation of nasal septum <i>Resection</i> . . .	3	.....	2	
Ethmoiditis . . . . .	1			
Hypertrophy of turbinate <i>Excision</i> . . .	1	.....	1	
Sinusitis <i>Drainage</i> . . . . .	5	.....	2	
Tumor:				
Polypi <i>Excision</i> . . . . .	1	.....	1	
<b>SECTION XIX</b>				
<b>DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS AND PALATE</b>				
Abscess, peritonsillar <i>Incision — drainage</i> .	3	.....	1	
Adenoids, hypertrophied <i>Removal</i> . . . .	1	.....	1	
Concretion in submaxillary gland . . . . .	1			
Long uvula <i>Excision, partial</i> . . . . .	1	.....	1	
Naso-pharyngitis . . . . .	1			
Parotitis . . . . .	3			
Tonsillitis, acute . . . . .	3			
Tonsillitis, chronic <i>Tonsillectomy</i> . . . .	59	.....	59	
Tuberculosis of tonsil <i>Tonsillectomy</i> . . .	3	.....	2	

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<b>Tumors:</b>				
Carcinoma of buccal cavity <i>Excision</i> . . . . .	1	.....	3	
Carcinoma of cheek . . . . .	1			
Carcinoma of lip . . . . .	3			
<i>Excision with dissection of neck</i> . . . . .	.....	.....	3	
Carcinoma of pharynx . . . . .	1			
Cyst of salivary gland <i>Excision</i> . . . . .	1	.....	1	
Tumor of parotid gland . . . . .	1			
<b>SECTION XX</b>				
<b>DISEASES OF THE JAW, TEETH AND GUMS</b>				
Abscess, alveolar . . . . .	4			
Caries of teeth . . . . .	1			
Pyorrhea alveolaris . . . . .	1			
<b>SECTION XXI</b>				
<b>DISEASES OF THE TONGUE</b>				
<b>Tumors:</b>				
Carcinoma <i>Excision</i> . . . . .	2	1	2	1
Ulcer . . . . .	1			
<b>SECTION XXII</b>				
<b>DISEASES OF THE ESOPHAGUS</b>				
Cardiospasm <i>Esophagoscopy</i> . . . . .	2	.....	1	
Esophagitis . . . . .	2			
Foreign body <i>Esophagoscopy</i> . . . . .	3	.....	2	
Stricture <i>Esophagoscopy</i> . . . . .	1	.....	1	
<b>Tumors:</b>				
Carcinoma <i>Gastrostomy</i> . . . . .	5	3	5	3
Web . . . . .	1			
<b>SECTION XXIII</b>				
<b>DISEASES OF THE STOMACH</b>				
Motor and secretory disturbances . . . . .	6			
<b>Tumors:</b>				
Adenocarcinoma . . . . .	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Carcinoma . . . . .	18	5		
<i>Gastro-enterostomy</i> . . . . .	.....	.....	7	2
<i>Resection</i> . . . . .	.....	.....	2	1
Lymphosarcoma . . . . .	1	1		
Papilloma <i>Excision</i> . . . . .	1	.....	1	
Ulcer, gastric . . . . .	20	7		
<i>Closure of perforated ulcer</i> . . . . .	.....	.....	6	1
<i>Excision with gastro-enterostomy</i> . . . . .	.....	.....	2	1
<i>Gastrectomy, partial</i> . . . . .	.....	.....	4	
<i>Gastro-enterostomy, without excision</i> . . . . .	.....	.....	10	4
SECTION XXIV				
DISEASES OF THE INTESTINES				
Adhesions, intestinal <i>Lysis</i> . . . . .	6	1	4	
Appendicitis, acute . . . . .	124	4		
<i>Appendicectomy</i> . . . . .	.....	.....	89	
<i>Appendicectomy with drainage for abscess or peritonitis</i> . . . . .	.....	.....	27	4
Appendicitis, chronic <i>Appendicectomy</i> . . .	61	.....	52	
Auto-intoxication . . . . .	1			
Colitis, acute . . . . .	1			
Colitis, chronic <i>Resection</i> . . . . .	3	.....	1	
Constipation . . . . .	5			
Diverticulitis <i>Transverse colostomy</i> . . . . .	5	2	2	1
Diverticulum . . . . .	3			
Enteritis . . . . .	1			
Gastroenteritis . . . . .	1			
Hemorrhage, intestinal . . . . .	1			
Impacted feces <i>Removal</i> . . . . .	3	.....	1	
Infarct of intestine <i>Resection</i> . . . . .	1	.....	1	
Intussusception of colon <i>Release</i> . . . . .	1	.....	1	
Obstruction, intestinal . . . . .	29	2		
<i>Enterostomy</i> . . . . .	.....	.....	5	1
<i>Lysis of adhesions</i> . . . . .	.....	.....	3	1
Paralytic ileus <i>Jejunostomy</i> . . . . .	1	.....	1	
Transduodenal bands <i>Division</i> . . . . .	1	.....	1	
Tuberculosis . . . . .	3			
<i>Incision — drainage</i> . . . . .	.....	.....	1	
<i>Resection of caecum</i> . . . . .	.....	.....	1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<b>Tumors:</b>				
Carcinoma of appendix <i>Appendectomy</i>	1	.....	1	
Carcinoma of caecum . . . . .	1			
Carcinoma of colon . . . . .	11	5		
<i>Colostomy</i> . . . . .	.....		3	1
<i>Resection</i> . . . . .	.....		7	4
Carcinoma of recto-sigmoid . . . . .	6			
<i>Colostomy</i> . . . . .	.....		5	
<i>Resection</i> . . . . .	.....		2	
Ulcer, duodenal . . . . .	30	1		
<i>Gastrectomy, partial</i> . . . . .	.....		2	1
<i>Gastro-jejunostomy</i> . . . . .	.....		9	
<i>Gastro-jejunostomy — transection pylorus</i> . . . . .	.....		8	
<i>Pyloroplasty</i> . . . . .	.....		1	
Ulcer of ileum, perforated . . . . .	1	1		
<i>Closure</i> . . . . .	.....		1	1
Visceroptosis . . . . .	2			

SECTION XXV

DISEASES OF THE LIVER AND  
GALL DUCTS

Abscess of liver . . . . .	1			
Adhesions about gall bladder <i>Lysis</i> . . . . .	1	.....	1	
Atrophy, acute yellow <i>Cholecystenterostomy</i>	1	1	1	1
Cholangitis . . . . .	1			
Cholecystitis, acute <i>Cholecystostomy</i> . . . . .	2	.....	2	
Cholecystitis, chronic . . . . .	15			
<i>Cholecystectomy</i> . . . . .	.....		5	
<i>Cholecystectomy — choledochostomy</i> . . . . .	.....		5	
Cholelithiasis <i>Choledochotomy</i> . . . . .	13	.....	1	
Cholelithiasis with cholecystitis, acute . . . . .	4			
<i>Cholecystectomy</i> . . . . .	.....		3	
<i>Cholecystectomy — choledochostomy</i> . . . . .	.....		1	
Cholelithiasis with cholecystitis, chronic . . . . .	89	1		
<i>Cholecystectomy</i> . . . . .	.....		59	1
<i>Cholecystectomy — choledochostomy</i> . . . . .	.....		13	
Cirrhosis of liver . . . . .	2			
Fistula, biliary <i>Choledochoduodenostomy</i> . . . . .	2	.....	1	
Hepatitis <i>Cholecystectomy</i> . . . . .	3	.....	2	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Jaundice, obstructive <i>Cholecystduodenostomy</i>	6	1	1	1
Stricture of common bile duct <i>Choledochostomy</i>	3	.....	1	
Tumor:				
Carcinoma of gall bladder . . . . .	1	1		
SECTION XXVI				
DISEASES OF THE PANCREAS				
Pancreatitis, acute <i>Drainage</i> . . . . .	5	1	1	
Pancreatitis, chronic <i>Cholecystgastrostomy</i>	5	.....	1	
Tumors:				
Carcinoma . . . . .	4			
<i>Cholecystduodenostomy</i> . . . . .	.....	.....	1	
<i>Cholecystgastrostomy</i> . . . . .	.....	.....	2	
SECTION XXVII				
DISEASES OF THE ABDOMEN, ABDOMINAL WALL, AND PERITONEUM IN GENERAL				
Abscess of abdomen <i>Incision — drainage</i> . .	5	.....	3	
Abscess, pelvic <i>Drainage</i> . . . . .	3	.....	1	
Abscess, subphrenic <i>Drainage</i> . . . . .	3	.....	5	
Adhesions, pelvic <i>Lysis of adhesions</i> . . .	3	.....	2	
Diastasis of recti <i>Repair</i> . . . . .	3	.....	1	
Hernia, diaphragmatic . . . . .	1			
Hernia, epigastric, strangulated <i>Repair</i> . .	1	.....	1	
Hernia, femoral <i>Repair</i> . . . . .	8	.....	6	
Hernia, femoral, strangulated <i>Repair</i> . . .	4	1	4	1
Hernia, inguinal <i>Repair</i> . . . . .	136	1	115	1
Hernia, inguinal, strangulated <i>Repair</i> . . .	4	.....	4	
Hernia, umbilical <i>Repair</i> . . . . .	9	.....	3	
Hernia, umbilical, strangulated <i>Repair</i> . . .	2	.....	2	
Hernia, ventral, post-operative <i>Repair</i> . . .	21	1	14	1
Inflammatory mass in epigastrium . . . . .	1			
Peritonitis, acute general <i>Drainage</i> . . . .	9	.....	4	
Peritonitis, acute local <i>Drainage</i> . . . . .	2	.....	2	
Peritonitis, pelvic <i>Drainage</i> . . . . .	6	.....	1	
Peritonitis with adhesions . . . . .	1			
Relaxed abdominal ring . . . . .	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Sinus, abdominal <i>Excision</i> . . . . .	1	.....	1	
Tuberculosis of peritoneum . . . . .	1	1		
Tumors:				
Adenomyoma of abdominal scar <i>Excision</i>	1	.....	1	
Carcinomatosis, abdominal . . . . .	5			
Cyst of omentum <i>Excision</i> . . . . .	1	.....	1	
Lipoma of inguinal region <i>Excision</i> . . .	1	.....	1	
<b>SECTION XXVIII</b>				
<b>DISEASES OF THE RECTUM AND ANUS</b>				
Abscess, perianal <i>Incision — drainage</i> . . .	8	1	9	1
Anal fissure <i>Dilatation or excision</i> . . . . .	10	.....	9	
Fistula in ano . . . . .	14			
<i>Excision</i> . . . . .	.....	.....	11	
<i>Incision</i> . . . . .	.....	.....	2	
Hemorrhoids, external or internal . . . . .	58			
<i>Clamp and cautery operation</i> . . . . .	.....	.....	38	
<i>Hemorrhoidectomy</i> . . . . .	.....	.....	17	
Prolapse of rectum <i>Whitehead operation</i> . .	1	.....	1	
Pruritus ani . . . . .	2			
Tumors:				
Adenocarcinoma of rectum <i>Colostomy</i> . .	3	1	3	1
Carcinoma of rectum <i>Colostomy</i> . . . . .	7	2	5	2
Papillomata of anus <i>Excision</i> . . . . .	1	.....	1	
<b>SECTION XXIX</b>				
<b>DISEASES OF THE LARYNX</b>				
Laryngitis . . . . .	1			
Tumor:				
Papilloma <i>Excision</i> . . . . .	1	.....	1	
<b>SECTION XXX</b>				
<b>DISEASES OF THE TRACHEA AND BRONCHI</b>				
Bronchiectasis . . . . .	2			
Bronchitis, chronic . . . . .	14			
Fistula, bronchial . . . . .	2			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXI				
DISEASES OF THE LUNGS				
Abscess . . . . .	1			
Atelectasis . . . . .	1			
Embolism, pulmonary . . . . .	2			
Hemorrhage, pulmonary . . . . .	1			
Tuberculosis . . . . .	14			
Tumor:				
Carcinoma . . . . .	1			
SECTION XXXII				
DISEASES OF THE PLEURA AND MEDIASTINUM				
Empyema . . . . .	14	1		
<i>Thoracostomy with rib resection</i> . . . . .			15	1
<i>Drainage</i> . . . . .				5
Hemothorax . . . . .	3			
Pleurisy, acute fibrinous . . . . .	1			
Pleurisy, chronic fibrinous . . . . .	1			
Pleurisy, post-operative . . . . .	1			
Pleurisy, sero-fibrinous . . . . .	3			
Pneumothorax . . . . .	1			
Tumors:				
Carcinoma of thorax . . . . .	1			
Tumor of mediastinum . . . . .	1			
SECTION XXXIII				
DISEASES OF THE KIDNEY AND URETER				
Abscess, perirenal	<i>Incision — drainage</i> . . .	2		2
Calculus, ureteral	<i>Removal</i> . . . . .	28	1	2
Colic, ureteral . . . . .		2		1
Hydronephrosis	<i>Ligation of polar vessel</i> . .	4		1
Infarct of kidney . . . . .		1		
Nephritis, acute . . . . .		3	1	
Nephritis, chronic	<i>Decapsulation</i> . . . . .	11	1	2

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Nephrolithiasis . . . . .	20			
<i>Nephrectomy</i> . . . . .	.....		3	
<i>Nephrotomy, pyelotomy or both</i> . . . . .	.....		10	
Nephroptosis <i>Nephropexy</i> . . . . .	7	.....	3	
Pyelitis . . . . .	32			
Pyelonephritis . . . . .	9	2		
<i>Nephrectomy</i> . . . . .	.....		1	
<i>Nephrotomy</i> . . . . .	.....		2	1
<i>Nephropexy</i> . . . . .	.....		1	
Pyonephrosis . . . . .	10	1		
<i>Nephrectomy</i> . . . . .	.....		2	
<i>Nephrotomy</i> . . . . .	.....		1	1
Tuberculosis of kidney <i>Nephrectomy</i> . . .	8	.....	5	
Tuberculosis of ureter <i>Ureterectomy</i> . . .	1	.....	1	
Tumors:				
Cysts of kidney . . . . .	1			
Hypernephroma <i>Nephrectomy</i> . . . . .	2	.....	1	
Uremia . . . . .	4			
Ureteritis . . . . .	1			

SECTION XXXIV

DISEASES OF THE BLADDER

Calculus, vesical	<i>Removal</i> . . . . .	8	1	5	1
Cystitis, chronic	<i>Suprapubic cystotomy</i> . .	10	.....	1	
Cystitis, interstitial . . . . .		2			
Diverticulum of bladder	<i>Excision</i> . . . . .	6	.....	4	
Hypertrophy of trigone	<i>Division</i> . . . . .	1	.....	1	
Incontinence of urine	<i>Plication</i> . . . . .	2	.....	1	
Retention of urine . . . . .		3			
Tabetic bladder . . . . .		1			
Trigonitis . . . . .		1			
Tumors:					
Carcinoma . . . . .		13	2		
<i>Cystotomy</i> . . . . .	.....			1	
<i>Cystotomy with excision, implantation of radium, or transplantation of ureter</i> . . . . .	.....			6	2
Papilloma <i>Cystotomy with excision</i> . . .	4	.....	2		
Wound of bladder, operative <i>Repair</i> . . .	1	.....	1		

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXV				
DISEASES OF THE URETHRA, MALE AND FEMALE				
Abscess, periurethral <i>Incision — drainage</i>	3	.....	3	
Caruncle of urethra . . . . .	5			
<i>Excision</i> . . . . .	.....	.....	1	
<i>Fulguration</i> . . . . .	.....	.....	4	
Extravasation of urine <i>Suprapubic cystotomy</i>	1	.....	1	
Fistula, urethral . . . . .	2			
Stricture <i>Urethrotomy</i> . . . . .	9	1	6	
Tumor:				
Epithelioma <i>Excision</i> . . . . .	1	.....	1	
SECTION XXXVI				
DISEASES OF THE MALE GENERATIVE ORGANS				
A. GENERAL				
Tuberculosis <i>Suprapubic cystostomy</i> . . . . .	1	1	1	1
Tumor:				
Fibrolipoma of pubes <i>Excision</i> . . . . .	1	.....	1	
B. PENIS				
Phimosis <i>Circumcision</i> . . . . .	1	.....	1	
Redundant prepuce <i>Circumcision</i> . . . . .	1	.....	1	
Tumor:				
Carcinoma <i>Partial amputation</i> . . . . .	1	.....	1	
Ulcer . . . . .	1			
C. PROSTATE				
Calculus, prostatic . . . . .	1			
Hypertrophy of prostate . . . . .	54	8		
<i>Cystotomy, suprapubic</i> . . . . .	.....	.....	5	2
<i>Prostatectomy, perineal</i> . . . . .	.....	.....	8	2
<i>Prostatectomy, suprapubic</i> . . . . .	.....	.....	31	2
Prostatitis . . . . .	4			
<i>Prostatectomy, perineal</i> . . . . .	.....	.....	1	
<i>Punch operation</i> . . . . .	.....	.....	1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Tuberculosis <i>Suprapubic prostatectomy</i> . . .	2	.....	1	
Tumors:				
Carcinoma . . . . .	14	2		
<i>Cystotomy, suprapubic</i> . . . . .	.....		4	1
<i>Prostatectomy, perineal</i> . . . . .	.....		2	1
<i>Prostatectomy, suprapubic</i> . . . . .	.....		2	
<b>D. SCROTUM</b>				
Hydrocele <i>Excision</i> . . . . .	27	.....	21	
Varicocele <i>Excision or ligation</i> . . . . .	9	.....	8	
<b>E. SEMINAL VESICLES</b>				
Tuberculosis . . . . .	1			
Vesiculitis <i>Vasotomy</i> . . . . .	3	.....	2	
<b>F. TESTICLE</b>				
Atrophy of testicle <i>Orchidectomy</i> . . . . .	1	.....	1	
Epididymitis <i>Epididymotomy</i> . . . . .	7	.....	1	
Tuberculosis of epididymis <i>Epididymectomy</i>	2	.....	1	
Tumor:				
Carcinoma <i>Orchidectomy</i> . . . . .	1	.....	1	
Undescended testicle <i>Replacement</i> . . . . .	2	.....	1	
<b>SECTION XXXVII</b>				
<b>DISEASES OF THE FEMALE GENERATIVE ORGANS</b>				
<b>A. GENERAL AND FUNCTIONAL</b>				
Dysmenorrhea . . . . .	3			
<i>Dilatation — curettage</i> . . . . .	.....		2	
<i>Ventral suspension</i> . . . . .	.....		1	
Leucorrhea . . . . .	1			
Menopause <i>Dilatation — curettage</i> . . . . .	8	.....	2	
Menorrhagia <i>Dilatation — curettage</i> . . . . .	6	.....	4	
Relaxed pelvic floor . . . . .	29	1		
<i>Local repair</i> . . . . .	.....		4	
<i>Local repair with suspension of uterus</i> . . . . .	.....		10	
<i>Local repair with hysterectomy</i> . . . . .	.....		4	
<i>Suspension of uterus</i> . . . . .	.....		4	1
Sterility <i>Dilatation — curettage</i> . . . . .	1	.....	1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
<b>B. FALLOPIAN TUBES</b>				
Hematosalpinx . . . . .	1			
Salpingitis, acute <i>Salpingectomy</i> . . . . .	22	.....	19	
Salpingitis, chronic <i>Salpingectomy</i> . . . . .	24	.....	19	
Tuberculosis <i>Salpingectomy</i> . . . . .	3	.....	3	
Tumor:				
Cyst <i>Salpingectomy</i> . . . . .	1	.....	1	
<b>C. OVARY</b>				
Oöphoritis, acute <i>Oöphorectomy</i> . . . . .	9	.....	9	
Oöphoritis, chronic <i>Oöphorectomy</i> . . . . .	9	.....	9	
Torsion of ovarian pedicle . . . . .	1			
Tuberculosis . . . . .	1			
Tumors:				
Adenocarcinoma <i>Oöphorectomy</i> . . . . .	3	.....	1	
Carcinoma <i>Oöphorectomy</i> . . . . .	1	.....	1	
Cyst of ovary (varia)	28			
<i>Excision</i> . . . . .	.....	.....	13	
<i>Oöphorectomy</i> . . . . .	.....	.....	15	
Cystadenoma <i>Oöphorectomy</i> . . . . .	1	.....	1	
Fibroma <i>Oöphorectomy</i> . . . . .	1	.....	1	
<b>D. UTERUS</b>				
Anteflexion of uterus <i>Suspension</i> . . . . .	1	.....	1	
Cervicitis, chronic <i>Curettage or excision</i> . .	10	.....	9	
Endocervicitis, chronic <i>Curettage or excision</i>	28	.....	23	
Endometritis (varia) <i>Dilatation — curettage</i>	15	.....	12	
Fibrosis of uterus <i>Supravaginal hysterectomy</i>	1	.....	1	
Laceration of cervix-uteri <i>Trachelorrhaphy</i> .	23	.....	18	
Metrorrhagia <i>Dilatation — curettage</i> . .	6	.....	5	
Retroversion of uterus <i>Suspension</i> . . . . .	34	.....	23	
Stricture of cervical canal <i>Dilatation — curettage</i>	1	.....	1	
Tumors:				
Adenocarcinoma of uterus, <i>Dilatation — curettage</i>	2	1	2	1
Adenomyoma of uterus				
<i>Hysterectomy, supravaginal</i> . . . . .	4	.....	4	
Carcinoma of cervix-uteri <i>Panhysterectomy</i>	4	.....	1	
Carcinoma of uterus <i>Hysterectomy</i> . . . .	3	2	1	
Cyst of cervix uteri <i>Excision</i> . . . . .	1	.....	1	

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Fibromyoma of uterus . . . . .	52			
<i>Dilatation — curettage</i> . . . . .			2	
<i>Hysterectomy, supravaginal</i> . . . . .			37	
<i>Myomectomy</i> . . . . .			5	
Polypus of cervix-uteri <i>Excision</i> . . . . .	5		4	
Polypus of uterus <i>Excision</i> . . . . .	3		1	
<b>E. VAGINA</b>				
Fistula, recto-vaginal <i>Repair</i> . . . . .	1		1	
Ulcer <i>Excision</i> . . . . .	1		1	
<b>F. VULVA</b>				
Abscess of Bartholin's gland <i>Excision</i> . . . . .	2		2	
Bartholinitis <i>Excision of gland</i> . . . . .	3		2	
Kraurosis vulvae . . . . .	1			
Tumor:				
Carcinoma, epidermoid of labium major				
<i>Excision</i> . . . . .	1		1	
Ulcers of labia majora . . . . .	1			
<b>SECTION XXXVIII</b>				
<b>PUERPERAL STATE</b>				
Abortion <i>Dilatation — curettage</i> . . . . .	20	2	15	
Abortion threatened . . . . .	2			
Miscarriage <i>Dilatation — curettage</i> . . . . .	1		1	
Pregnancy . . . . .	8			
Pregnancy, extrauterine . . . . .	5	1		
<i>Salpingectomy</i> . . . . .			3	1
<i>Salpingo-oophorectomy</i> . . . . .			2	
Pyelitis of pregnancy . . . . .	1			
Retained secundines <i>Dilatation — curettage</i>	1		1	
<b>SECTION XXXIX</b>				
<b>DISEASES OF THE BREAST, MALE AND FEMALE</b>				
Cystic disease of breast . . . . .	3			
<i>Amputation</i> . . . . .			1	
<i>Excision</i> . . . . .			2	
Hypertrophy of breast . . . . .	1			

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Mastitis . . . . .	5			
<i>Amputation</i> . . . . .	.....		3	
<i>Excision</i> . . . . .	.....		2	
Tumors:				
Adenofibroma <i>Excision</i> . . . . .	4	.....	4	
Carcinoma <i>Radical extirpation</i> . . . . .	29	1	26	1
Fibroma . . . . .	1			
Lipoma <i>Excision</i> . . . . .	1	.....	1	
Ulcer of breast . . . . .	1			
SECTION XL				
ANAPHYLAXIS				
Idiosyncrasy to food . . . . .	1			
SECTION XLI				
ILL-DEFINED OR UNCLASSIFIED DISEASES				
Decubitus . . . . .	5			
Fever, cause unknown . . . . .	2			
Hemorrhage, post-operative <i>Ligation</i> . . . . .	4	.....	1	
Malnutrition . . . . .	1			
Undiagnosed . . . . .	79			
<i>Appendectomy</i> . . . . .	.....		10	
<i>Exploratory laparotomy</i> . . . . .	.....		8	
Wound of operation <i>Secondary suture</i> . . . . .	6	.....	2	
	2565	143	1789	87

REPORT OF THE SURGEON-IN-CHIEF

## Summary of Statistics

JANUARY 1, 1926, TO JANUARY 1, 1927

Total number of surgical admissions in 1926 . . . . .	2,419
Total number of cases remaining in wards, January 1, 1926 .	98
	<hr/>
	2,517
Total number of surgical cases discharged or transferred . .	2,272
Total number of deaths . . . . .	143
(Post-operative, 87 — Non-operative, 56 — Total, 143)	
	<hr/>
	2,415
Total number of cases remaining in wards, January 1, 1927 .	102
	<hr/>
	2,517
Total number of operations . . . . .	1,789
Incidental operations . . . . .	165
	<hr/>
	1,954

## Report of the Physician-in-Chief

THE most important event of the year 1926 has been construction on the addition to our Administration Building, which at the end of the year is nearing completion. This has made it possible to announce at the end of the year the appointment of three instead of two medical house officers to go on duty at intervals of four months. As a result there will be a rearrangement of the medical service to meet needs felt for a long time and discussed in previous reports. This new plan will go into effect on July 1, 1927. The completion of the new addition, besides allowing of an increase in house officers, will permit a number of members of the resident staff, formerly living outside, to be domiciled in the building. Better offices will be provided for members of the visiting staff having their offices in the hospital. Enlarged quarters for hospital administrative offices and for the X-ray Department will add to the general efficiency of the institution. In every respect these changes will improve the work of the medical service.

Construction, too, has commenced on enlarged space for the medical Out-Door Department in a part of the Out-Door Department building not previously finished. This will give more examining rooms and a working place for the additional house officer of the enlarged medical house-officer staff working in the Out-Door Department and permit of better care of ambulatory medical patients. In addition

## REPORT OF THE PHYSICIAN-IN-CHIEF

there will be an office for the member of the visiting medical staff in charge of our Out-Door Department work. The need for these changes is discussed further by Dr. Sturgis in the latter part of this report.

As pointed out in almost every annual report since the hospital opened for the reception of patients, our most pressing needs of a constructional nature have been an enlargement of the Nurses' Home, larger living quarters for resident staff, and more space for the rapidly growing X-ray Department. These have been met, in a manner adequate for the present, by new construction.

### LABORATORY AND RECORD-ROOM SPACE

With the addition to the Administration Building completed, the next constructional need is an enlargement of the laboratory building. The pathological department of the hospital is in great need of more space. A suitable amphitheater for pathological demonstrations and post-mortem examinations, and more and better laboratories to accommodate the increased amount of work done by this very important department of the hospital organization, are highly desirable. An addition to the present building would provide these, as well as give more space for the laboratories of the medical service, which are becoming badly over-crowded with the increase in the size of the staff.

When the laboratory is enlarged, at the same time provision should be made for a very considerable increase in the space now occupied by the record-room clerks and for storage of records. There should be a large room in which the record stenographers would work. They are now scattered through the buildings in small groups in a way to make efficient

PETER BENT BRIGHAM HOSPITAL

supervision impossible, with a result that less work is accomplished than should be their output. Several rooms for indexing, paging of records, etc., should be available.

At present many of our histories are stored in a cellar room, difficult of access. When a history is needed, the record-room clerks must make a trip up and down a narrow winding stair at a very considerable expenditure of physical effort. This cellar space is poorly suited for storage of valuable hospital records. In it there can never be a comfortable place for one to study records of patients, and this necessitates transportation of these histories up and down the winding stairs when a group of histories is studied. Such space as is now available in the record room for the study of our extremely valuable records of patients is totally inadequate for the steadily increasing use of our histories in the study of medical problems. Probably nowhere are there more complete records of patients, all in typewritten form, and such are of the greatest value for medical investigation. Yet I doubt if poorer facilities for their study exist anywhere. We need stack rooms for storage of records easy of access, with desk room for those studying the records. The ideal would be large stack rooms with alcoves for individual and small groups of workers, both well ventilated and well lighted, and several small study rooms. It must be recognized that the records rapidly increase in number, and space must be provided for storage of this increase.

Investigation and teaching, as well as the usual routine work of caring for our patients, would be greatly facilitated by a proper expansion as outlined above. I recommend to our Trustees a study of

## REPORT OF THE PHYSICIAN-IN-CHIEF

these needs and the preparation of working plans for such a building.

Not unlikely is it that such a building plan might appeal to some donor as a useful and productive gift to the Peter Bent Brigham Hospital. I would point out to our Trustees that this building would greatly increase the facilities in pathology for the betterment of the Department of Pathology of the Harvard Medical School, and that many of those using the record rooms for study will be Harvard students. Herein lies a reasonable basis for co-operation between Harvard University and the Peter Bent Brigham Hospital in financing the construction outlined above. It would be well for our Trustees to make a study of financial aid provided elsewhere by medical schools for hospital improvements on the basis of the facilities for instruction of medical students furnished by the hospital to see whether or not this sort of coöperative financing of hospital projects has not lagged greatly so far as the Peter Bent Brigham Hospital is concerned.

### A RESEARCH FUND NEEDED

Modern medicine in many aspects remains a research problem. Notwithstanding great advance in our knowledge, daily do we encounter in the wards phases of disease very imperfectly, if at all, understood. Problems needing investigation are numerous. Where other than in a hospital can be found opportunity for clinical research? The unknown is at hand for solution; patients to be studied daily fill our wards and crowd our Out-Door Department; our staff always has members well trained for investigation. We need an endowment fund to pay the expense of research. Money so given most assuredly would be

## PETER BENT BRIGHAM HOSPITAL

productive of a proportionately very large return in increase of knowledge of disease and its alleviation.

### NUMBER OF PATIENTS

It is interesting to follow the number of medical patients treated from year to year in both the wards and the Out-Door Department. The annual admissions to the medical wards and the number of new medical patients treated each year in our ambulatory clinic have varied considerably, as shown by the following table of admissions.

**MEDICAL ADMISSIONS TO WARDS AND  
OUT-DOOR DEPARTMENT**

YEAR	Admissions to Wards	New Cases in Medical O.D.D.	Total Visits to Medical O.D.D.	Ratio of New to Old Patients
1914	1415	4322	13,416	3.1
1915	1734	4441	15,396	3.5
1916	1980	4505	18,667	4.1
1917	1919	5257	21,940	4.4
1918	2406	3812	17,569	4.6
1919	2441	3814	19,956	5.2
1920	2481	4099	24,448	6.0
1921	2383	3928	27,919	7.1
1922	2688	4215	30,736	7.3
1923	2544	4661	31,289	6.7
1924	2350	4614	32,940	7.1
1925	2026	3182	30,220	9.4
1926	2167	2891	29,056	10.1

Just why this has been the case is not entirely clear; various factors probably have combined to produce these variations. It took an appreciably longer time for the medical wards to reach their present annual average than was true of new patients in the Out-Door Department, influenced perhaps by the fact that, several years before the hospital was opened, ambulatory patients began to be treated in a clinic improvised in one of the buildings of the Harvard Medical School.

It will be seen from the table that in the Out-Door

## REPORT OF THE PHYSICIAN-IN-CHIEF

Department the number of new medical patients has varied from year to year, but not greatly until 1925 and 1926, when a sharp drop took place in the number of new patients, presumably as a result of the introduction of the appointment system which went into effect a little after the middle of 1924. This, to me, is no surprise, for repeatedly in annual reports I have called attention to the fact that more patients were being admitted to the Out-Door Department than could receive adequate examination and treatment. With the same number of doctors on duty, it would be expected that an assignment of more time for the examination of each patient would reduce the number handled. This has seemed to have happened, and I believe it represents a healthy progression in our care of ambulatory patients, provided it has not worked to exclude those acutely ill with infectious diseases.

How satisfactory, from a medical point of view, is the present time allotment per patient under the appointment system? To my mind it is not satisfactory. More than twenty-five minutes is certainly needed for the taking of a history, making a physical examination, and prescribing treatment for many of our medical patients. It is an interesting fact that, as at present arranged, a new medical patient is allowed thirty minutes for the administrative work of getting him from the front door of the Out-Door Department to the office of the examining physician, and five minutes less time for a complete medical study. I believe that the former time might be cut down; what is more important is that the latter ought to be capable of a very considerable lengthening for the study of many patients. This must be done in changes to improve our care of ambulatory

PETER BENT BRIGHAM HOSPITAL

patients, and will be possible when constructional improvements in the medical Out-Door Department are completed and an additional house officer is available; both of these will occur during 1927.

A pleasing feature of the Out-Door Department work is the striking increase that has been taking place in the ratio of new patients to return visits of old patients, showing that our follow-up work is improving and that we are giving our patients a steadily improving continuation care and supervision. In the report of the Out-Door Department prepared by Dr. Sturgis and incorporated in later pages of this report, many pertinent suggestions for improving the Out-Door Department are made. None of these are impossible of being put speedily into effect, and this should be done.

In the medical wards there is a considerable seasonal variation in the pressure to get into the hospital; it is known that in the summer and early autumnal months medical diseases are less prevalent, and this may account for the difference. However, each year we are confronted with the problem during the greater part of the year, when demand is in excess of beds, as to how far we should go in admitting medical patients in excess of the number of beds for which the wards were planned. On the other hand, for a month or two in the slacker season, there is the problem, how far we should go in filling beds with patients not of the type that usually are regarded as suited for us. It would be easy at this time to fill up with those having chronic diseases of a nature to demand long use of beds if once admitted.

From time to time we have taken medical patients considerably in excess of the number for which our wards were planned. This always has resulted in

## REPORT OF THE PHYSICIAN-IN-CHIEF

complaint from patients that in one way or another they received a less efficient service than when the wards were not overcrowded. As a result of this I am firmly convinced that it is inadvisable to crowd our wards with an excess number of patients, because under these conditions all patients are less efficiently cared for than when the number does not exceed the number for which the wards were planned, and for which nursing and professional service was adapted. To my mind our first duty is to give the best possible service to the patients we take in, and this is accomplished when our numbers do not exceed our planned bed capacity. Of course, we never should decline to take in any seriously ill patient that in one way or another reaches our doors, and this we have never done. However, I have always strongly insisted that we stop admitting medical patients, except genuine emergencies, when the number has been reached for which our wards are planned and manned. This is fifteen for the upper floors and twenty-five for the lower in each pavilion, with a reserve of four beds for emergencies and patients coming merely to remain overnight for certain special tests and types of treatment.

In the slacker months it seems inadvisable to admit chronic cases of certain types because of the impossibility of placing them elsewhere when the beds are needed for more seriously sick patients. Then, as our nursing is managed, the summer is the vacation period, and as each nurse must have a vacation, the result is that so many are away that we could not properly care for a quota of patients entirely filling the medical beds during the summer unless graduate nurses were used in considerable numbers at very considerable cost. For this reason

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it seems more economic of our available moneys to run the medical wards light in the summer months when demand for admission for more acute and more serious cases is lessened.

The above policies may not be the wisest for us to follow, but it has seemed so in the judgment of the medical staff. At any rate, the result is that the medical service has a very definite limit set to admissions by actual bed capacity on the one hand, and by the number of days' stay for each patient on the other. To shorten the stay of patients of the type, that we take, beyond a certain time seems inadvisable, because the best results in diagnosis and treatment are not attained in a too rapid turnover of patients, particularly as concerns treatment.

The above policy explains why the annual medical admissions have not progressively increased in recent years, as would have been the case had more beds been crowded into our wards or the stay of patients in the hospital curtailed.

It is, of course, very difficult to evaluate the work accomplished by a hospital. Several different ways have been suggested, but I do not propose to discuss these at present, other than to say that in my opinion the number of patients admitted is by far the poorest possible index of the effectiveness of a hospital in a community, and that too long have hospital administrators, trustees, and staff members boasted of the number of patients treated, not realizing the obvious fact that, beyond a certain optimum number of admissions, each additional patient admitted means a deteriorated service to every patient in the hospital, an inefficiency that probably increases in more than arithmetical proportion with increase in numbers.

## REPORT OF THE PHYSICIAN-IN-CHIEF

It may be wise to increase the number of medical admissions to the hospital. Just what is the optimum number of beds and the optimum speed of turnover of patients for a service in a hospital seems to have had little study. As one sees different hospitals, one can but get the idea that local factors of many sorts determine these things, rather than any serious consideration of what is actually the most efficient size of hospital and rate of turnover. Probably the Mayo Clinic represents the maximum of efficiency in examination of a maximum number of patients, and without finding all of their plan suited to our or other hospitals in large cities, it seems that a number of methods, used by them, might be adopted to increase our speed of turnover of patients with no loss in efficiency of care. However, in the first place, it needs to be recognized that they have few medical patients of the type that fill many beds in our city hospitals, namely, the patients with serious acute diseases, such as pneumonia, and those with the chronic renal and circulatory conditions to which we give prolonged and repeated hospital care; to these their methods of handling have slight applicability. Yet we have many patients of the same type as they have, and so their methods could be applied in the management of these with a very probable increase in the efficiency of their management, and a certain increase in the number of patients admitted each year. At any rate, I would like to see a trial of these methods at the Peter Bent Brigham Hospital.

## A SINGLE DIAGNOSTIC SERVICE

It would be quite easy for us with the appointment system, as now used in our Out-Door Department, and with certain modifications of present methods,

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to do almost all of the diagnostic work before ambulatory patients were admitted to the wards, reserving only a few very special tests to be applied after admission. Such is the method pursued in the Mayo Clinic. This would reduce the period of stay in the hospital for patients not acutely ill, since they would be admitted for treatment after diagnosis has been made, instead of being admitted for diagnosis and treatment. This is already true of many of the patients admitted to our wards from our Out-Door Department, and could be extended by not admitting directly to the wards patients referred by their family physician, until they have had a preliminary diagnostic study in the Out-Door Department. A further gain would be made in the sense that many patients, now admitted for diagnosis, who prove, after diagnosis has been made, not to need hospital treatment, would be diagnosed in the Out-Door Department and referred back to their family physician for treatment, or be treated by us as ambulatory patients without ever becoming house patients. This, in fact, is what happens to a very large proportion of patients studied in the Mayo Clinic; either they are admitted to the hospital for treatment after diagnosis, or are judged as not requiring hospital treatment at all. Our own work is at present developing along these lines, but this development readily could be accelerated. This is discussed by Dr. Sturgis in his report on the Out-Door Department.

As we are at present organized, there is invariably a considerable increase in hospital stay involved in transfer from medical to surgical service and *vice versa*. Sometimes this results in other disadvantages than mere increase in days of hospital stay, as time so lost may play a considerable part in lessening the

## REPORT OF THE PHYSICIAN-IN-CHIEF

efficacy of methods of treatment both medical and surgical.

The most effectual diagnostic machine would seem to be one which is not subdivided into services, medical, surgical, laryngological, orthopedic, neurological, urological, etc., but one in which all work with the common end of diagnosis, each bringing to the consideration of the patient his own particular, special type of knowledge, and his form of special technique in diagnostic methods. After diagnosis with this organization the patient would receive immediately the indicated treatment at the hands of the individual or group particularly capable in that form of therapeutics. There would be no transfer with incident delay and duplication of examinations and record, as is now the case with our plan.

The application of this idea would involve, in all probability, the entire abandonment of the existing divisions of the hospital into services and into medical and surgical wards. No longer would there be a medical service or a surgical service, except, perhaps, in so far as special types of treatment are concerned. In the Out-Door Department patients would be studied from the point of view of diagnosis and should be considered jointly by physicians, surgeons, and specialists, the last probably seeing only selected patients as determined by the physicians and surgeons. In the wards the same arrangement would hold. Diagnosis, if not completed before admission, would be completed by the hospital staff, not by the medical or surgical service; diagnosis completed, treatment would be commenced immediately. Treatment of special sorts, whether carried out in the wards or the Out-Door Department, would be delegated to groups particularly trained to carry it out.

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For example, one group would give intraspinous and intravenous treatments, another would care for pernicious anaemia, another would do the operative work of one sort, another would carry out other surgical procedures. In any such arrangement it is important to coördinate the work of the groups so that no system of water-tight compartments results, within which workers segregate themselves with a resultant narrowing influence so common in highly developed specialism. This can be prevented by rotating the personnel of the groups and keeping their work under the continuous supervision of the visiting staff.

There probably would not be medical wards or surgical wards as at present; perhaps certain wards would be set aside for special types of treatment and for post-operative care. At least, it would seem advisable for patients after operation to go to special wards for the first part of their post-operative convalescence. With such an arrangement there would be no separate service for house officers, but all in rotation would have assigned duties. Possibly not all would receive training in operation-room technique. It might be more desirable for efficiency in surgical technique to preserve a distinction between assistant resident and resident surgeons and physicians. Many such details wisely should be left to trial and experience.

The main idea of such a hospital organization would be a diagnostic service in which physicians and surgeons shared equally, to which all patients would be admitted, except those on whom diagnosis had been completed in an ambulatory diagnostic clinic organized in a similar way. Diagnosis would be followed by the application of such form of treat-

## REPORT OF THE PHYSICIAN-IN-CHIEF

ment as had been determined upon, and this would be carried out by the same men as formed the diagnostic group, subdivided to fit the needs of the therapeutic measures to be used. The latter would include surgical operative procedures. Definite responsibility for the treatment of each patient would be vested in an individual member of the staff; final responsibility for medical therapeusis of all sorts would be vested in the Physician-in-Chief, for surgical therapeusis in the Surgeon-in-Chief; in this wise conflicts in supervision of patients would be avoided.

To me it seems very probable that some such general idea in the future will be the basis of organization of many hospitals. To discard partly or completely our present subdivision into a medical and surgical service and to reorganize our group of men into a diagnostic service with therapeutic subdivisions, including under therapeutics the operative procedures of surgery, would, in my mind, increase the efficiency of caring for patients at the Peter Bent Brigham Hospital and make our house-officer service a much better school for training future practitioners of medicine, especially those who are to do general practice, the most important group of all. I hope that some such general plan eventually will be tried out by us.

## DESIRABILITY OF A SURVEY OF BOSTON'S HOSPITAL NEEDS

As one makes even a superficial study of our own work in relation to the type of patient admitted, it at once becomes obvious that in many instances custom rather than a well-thought-out communal scheme determines the scope of our work. Very often we are caring for chronic conditions better suited for

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management in another type of hospital, or are treating acute phases of such diseases because available hospitals for chronic disease are little more than convalescent homes with no equipment adequate to manage these serious acute upsets. Patients whose care at one time has been undertaken by a given hospital are later admitted to another hospital with an incident wastage of effort by duplication that is certainly economically inefficient. A patient thoroughly studied by one group is lost sight of, and subsequent progressions and regressions of his disease fail of correlation with the results of the first study, and finally at his death no post-mortem examination is made to check the diagnoses of the various medical men who have studied him. All of this seems an inefficient use of scientific opportunity, and is most assuredly less conducive to advance in medical knowledge than would be a better coöperative relationship between existing hospitals.

I fancy that the chief desire of the late Peter Bent Brigham in making provision for the hospital which perpetuates his name was to secure for the citizens of Suffolk County the best possible medical care. Were the work of the Peter Bent Brigham Hospital thoroughly coördinated with that of every other hospital in Boston, it seems very probable his aim might be attained to a higher degree than at present, but such coördination would be possible only after a thorough study of the present needs of our community for medical care had been made. Were such made, it is not at all improbable that the present methods of work and the types of patients treated in every hospital in Boston would be changed, and that new types of hospitals would have to be organized.

## REPORT OF THE PHYSICIAN-IN-CHIEF

I believe it is highly desirable to have made a thorough survey of Boston's needs for medical service, and as a result, have such readjustments of the work of each of our public hospitals as seems necessary to serve our people more adequately. Such a survey, in my opinion, would reveal much duplication of effort, many deficiencies in service, and other defects, some, if not all, of which could be eliminated by a communal coördination of existing hospital facilities. Why should not such be undertaken? Some philanthropist could do much good by providing the money to pay for such a survey.

So far as I know, no such investigation has been made in recent years, if ever, of the hospital facilities of Boston, and Boston's needs of betterment in the care of its sick. No one can foretell just what changes would become desirable as a result of such a survey. It is probable, however, that only partial readjustments would better Boston's care of its sick. Whatever changes may be advised should be welcomed by every hospital, unless there be some too uncertain of their utility or too doubtful of their own efficiency to dare to run the risk of having recommended that they discontinue. The recent survey of Boston's method of caring for tuberculosis certainly showed that, with this disease, not all was being accomplished that might be with existing plants. I feel confident that what is true for tuberculosis is true in varying degree for other diseases that plague our population. I do not believe that many members of the hospital staffs of Boston would be found so rash as to claim that improvement could not be made in the efficiency of their own hospital by an organization readjusted to the communal needs of Boston. Do not let ourselves be so well satisfied

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with what we are doing to object to such a survey, and as a result remain in ignorance of the deficiencies that might become apparent if we assumed a broader viewpoint on the part our own hospital should and could play in a betterment of Boston's health conditions.

### CHANGES IN STAFF

The appointment last year of Dr. Cyrus C. Sturgis as Physician made possible improvement in a very important feature of the work of the medical service, namely, the Out-Door Department. Devoting to it the greater part of his time available for hospital duties wrought a very striking improvement in our care of ambulatory patients. A new plan of medical instruction of senior students of the Medical School has brought them into the Out-Door Department as clinical clerks and contributed a further improvement in the care of these patients.

Just at the end of the year has come the appointment of Dr. Sturgis as Director of the newly built Simpson Institute for Medical Research at the University of Michigan and as Professor of Internal Medicine at the same institution, with his consequent resignation as Physician to the Peter Bent Brigham Hospital. Dr. Sturgis began his connection with the Peter Bent Brigham Hospital as medical house officer on November 1, 1917, since which time, except for leave of absence from August 23, 1918, to August 25, 1919, for service in the United States Army, he has served us continuously as Assistant Resident Physician, August 25, 1919, to April 15, 1920; Resident Physician, April 15, 1920, to August 1, 1922; Associate in Medicine, August 1, 1922, to September 1, 1925, and Physician from September

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1, 1925. Of an unusually pleasing, frank personality, honesty of purpose, and professional ability, Dr. Sturgis has contributed in many ways to the improvement of the work of the medical service. A sound clinician, an excellent teacher, and a capable investigator, his going will be seriously felt in many departments of the hospital. That we have had a part in training him for so important a position as he will hold at Michigan is a cause of much pride, for we feel very sure of his success there.

The resignation of Dr. Sturgis, as that of some others recently accepting posts elsewhere, should awaken us to the great development that has been taking place in medical schools and hospitals in the last decade. No longer are we in a position to compete successfully for the services of the more-sought-for men, for the very simple reason that here in Boston we have failed to increase salaries and budgets for clinical departments in a way comparable to what has been done in almost every other place. The heads of our clinics in Boston do not receive salary compensation or have budgets for salaries of assistants and their work as large as our junior associates do when they leave us to accept posts elsewhere. Unless a change is made, we cannot expect to retain the services of men whom we should keep in Boston. It needs to be recognized that each clinic requires not alone a permanent chief, but several associates of essentially permanent tenure to do the work of the hospital. The clinical judgment necessary for these hospital positions can be acquired in no brief time, whatever the ability and scientific training of the individual. Frequent changes, with too many associates who are immature in clinical ability, can but mean a poorer service to our patients.

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Today numerous clinics over the country are being run by men who are still too much in the process of acquiring clinical experience. Our hospital, like others, is a training place for men, and we feel pride in preparing our younger associates to accept important posts elsewhere. At the same time, it would be most unfortunate were we to retain only those not considered as worthy of these other positions. In other words, if we are not to be able at times to outbid competitors, then we will be left with the less desired men and so must deteriorate, because, after all, it is the efficiency of the individual in each position that makes for the success of the clinic as a whole. I think it not an unfair statement to make, if I say that at present the medical service of the Peter Bent Brigham Hospital has scarcely half the budget available for junior appointees and for their work as exists in hospitals elsewhere engaged in the same sort of work with teaching relationship to medical schools.

Someone will be needed to do the particular work of Dr. Sturgis in the Out-Door Department. In addition we should have a member of the staff whose chief duty would be to work in and assume charge of our medical laboratories. Without such a man, our investigative work has failed to develop as it reasonably should be expected to develop. Our present budget cannot be stretched to cover these needs. Our trustees should take under serious consideration this question. As in other matters, these needs are related to the teaching work of the Peter Bent Brigham Hospital and should be jointly provided by us and by the Harvard Medical School.

During 1926 various changes in the medical staff of the Peter Bent Brigham Hospital have taken

## REPORT OF THE PHYSICIAN-IN-CHIEF

place. Dr. Charles L. Brown has continued as Resident Physician, and Dr. Howard L. Alt and Dr. Abner W. Calhoun have remained as Assistant Resident Physicians. Dr. John C. Shrader resigned as Assistant Resident Physician to become Resident Physician at the Grady Hospital in Atlanta, Georgia. Dr. Robert T. Monroe and Dr. Harry Blotner resigned as Assistant Resident Physicians to become Junior Associates in Medicine on our staff.

During the year the following were appointed as Assistant Resident Physicians: Dr. James S. Read, formerly a house officer at the Louisville City Hospital, Louisville, Kentucky; Dr. Lyman H. Hoyt, formerly medical house officer at the Hospital of the State University of Iowa, Iowa City; Dr. William B. Stevens, formerly medical house officer at the Boston City Hospital.

Of the group of Junior Associates in Medicine, Dr. William P. Murphy and Dr. Edward S. Emery, Jr., have been promoted to the rank of Associates in Medicine, and Dr. Thomas D. Christian, Jr., has resigned to commence practice in Greensboro, North Carolina. There have been appointed as additional Junior Associates in Medicine, Dr. W. R. Graham, formerly house officer at the Johnston-Willis Hospital, Richmond, Virginia; Dr. A. B. Coulter, formerly medical house officer at the Royal Victoria Hospital, Montreal; Dr. Harry Blotner, formerly house officer at the Eastern Maine General Hospital and Voluntary Assistant and Assistant Resident Physician at the Peter Bent Brigham Hospital.

As usual, six medical house officers have completed their terms of service, Drs. Arthur N. Curtiss, Luney V. Ragsdale, Charles P. Wilson, Louis G. Herrmann, Emil A. Falk, and Homer W. Humiston. Dr. Cur-

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tiss has begun practice in Syracuse, New York, where he also has an appointment on the teaching staff of the Medical School of Syracuse University; Dr. Ragsdale is in practice in Birmingham, Alabama, where he is associated with Dr. James S. McLester; Dr. Wilson is Assistant Resident Physician at Vanderbilt University Hospital, Nashville, Tennessee; Dr. Herrmann is Assistant Surgical Resident at the Lakeside Hospital, Cleveland; Dr. Humiston is a Surgical Fellow at the Mayo Clinic, Rochester, Minnesota; and Dr. Falk is house officer in pathology at the Boston City Hospital.

### PHYSICIAN-IN-CHIEF, PRO TEMPORE

During the year, Dr. Samuel W. Lambert of New York, Attending Physician at St. Luke's Hospital, and Emeritus Professor of Medicine at the College of Physicians and Surgeons of Columbia University, served as Physician-in-Chief, *pro tempore*, making the twelfth of this group of eminent physicians who have come into our midst and shared with us their wisdom. It is an inspiration to all of us to have these visitations. To the junior members of the staff, coming as they do into a very intimate relationship with a leader of the profession from another city for this brief period, the experience is one of great usefulness. Provincialism in methods of medicine is bad; to watch another use skillfully methods in which he has been trained, in large part methods different from those used locally, demonstrates that there are many ways of arriving at a diagnosis, any of which may at times prove superior to those customarily used. After all, it is the man behind the method that counts.

Dr. Lambert, a wise clinician with a ripe experience

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of unusual breadth, with his keen sense of humor and his stories, aptly illustrating his points, taught us important phases of medicine, and left with us a lasting, delightful memory of a man representing the best in clinical medicine.

### NURSING CARE

An unsatisfactory feature of our nursing situation lies in the too frequent change of personnel. We retain head nurses too short a time for the most efficient management of our wards. Pupil nurses change their duties very frequently.

I would suggest a study of the causes underlying the short stay of head nurses. This could be made by finding out the reasons leading to the leaving of each. Very probably some, if not many, of the causes might be remediable. If we pay them too little to retain their services, certainly larger salaries should be provided. It is poor economy frequently to have a green head nurse in charge of a ward.

The frequent change of duty of pupil nurses is intimately associated with the problem of the education of the nurse. However, no one seems very well satisfied with present conditions in nursing education, and many changes are being suggested. It is a striking fact that up to now the medical and surgical staff have taken no participation in the consideration of the nursing care of our patients. Should not the staff now participate in a critical study of nursing in the Peter Bent Brigham Hospital?

I myself have a very definite feeling that the nursing care of our patients has not improved, in the ten years that have elapsed since the Peter Bent Brigham Hospital has been in thorough running order, in ratio to the improvement in other

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parts of our hospital machine, though we actually have more nurses, as shown by the following figures for 1916 and 1925.

NURSES	1916	1925
Superintendent of Nurses . . . . .	1	1
Assistant Superintendent of Nurses . . .	1	1
Instructors . . . . .	2	3
Supervisors . . . . .	3	4
Night Supervisors . . . . .	1	2
Graduate Nurse Anæsthetists . . . . .	1	3
Pupil Anæsthetists . . . . .	..	1
Graduate Head Nurses and Assistants .	15	15
Masseuse . . . . .	..	1
Student Nurses . . . . .	70	89
Pupils in preliminary course . . . . .	16	34
 Total . . . . .	 110	 154

However, there has been an increased number of patients in the hospital, 3,712 admitted in 1916 and 4,422 in 1925. Still, the ratio of admissions per nurse has decreased from 1 to 33.7 admissions in 1916 to 1 to 28.7 admissions in 1925. Change in hours on duty for each nurse also enters into this consideration and may make quite a change in these relationships from the point of view of the care of the patient. These I will not attempt to discuss.

At any rate, no harm can come from a thorough survey of our nursing work participated in by a group representing the staff, the administration, and the training school for nurses. Almost invariably such surveys result in improvement, not alone in the work under study, but in correlated phases of work.

### OUT-DOOR DEPARTMENT

Instead of preparing a report of the Out-Door Department this year, I have asked Dr. Sturgis to do so. Dr. Sturgis has spent much time during the year

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in the Out-Door Department and is greatly interested in this part of hospital work. I heartily commend his report, which follows. In my opinion, all of his suggestions should be promptly put into effect. Those that concern the professional side in all probability will be carried out during the year. It will remain to be seen whether those concerning the administrative side will be followed. They will involve some increase in expenditure. I believe a graduate nurse, continuously on duty in the medical Out-Door Department, and an Assistant Superintendent, giving all of his time to the work of the Out-Door Department, are perhaps the most important needs on the administrative side. There seems no question but that nursing service in the medical Out-Door Department has not been adequate or satisfactory, and that there is need for the continuous interest and supervision of an Assistant Superintendent. I would call our trustees' attention to the fact that the Out-Door Department revenue very considerably exceeds Out-Door Department expense, as shown by the 1926 Annual Report, and so more expenditure for administration seems warranted.

### *The Out-Door Department; Report of Dr. Sturgis Introduction*

In the evolution and development of hospitals in this country, it is an obvious fact that the facilities for the care of ambulatory patients have been the last to receive proper attention. Most of the interest, teaching, and research have centered about the hospital wards, and it has been there that the better trained and more experienced clinicians, with higher hospital and academic rank, have devoted

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their time, thought, and efforts. The result has been inevitable, for it is now the current belief that worthwhile teaching and productive investigation can be accomplished only when the patient is confined to a bed in a hospital. Moreover, as a result of this policy the Out-Door Department is regarded as a minor part of the hospital activities, which is entirely subservient to the wards, and an organization whose possibilities are limited to the most superficial type of routine work. It is not the purpose of this report to urge that less attention should be devoted to the hospital wards, but rather that an equal amount of support, in the way of personnel and funds, should be apportioned to the Out-Door Department. Nor is the slightest criticism directed toward those who are now engaged in Out-Door Department work, for they are accomplishing the greatest amount of good possible under the circumstances. Our own department, under the existing standards, should have a high rating. The important point to emphasize is that fundamental and radical changes are essential to develop the untouched opportunities associated with all aspects of work in ambulatory clinics. Until these are accomplished, little progress is to be expected. It is interesting to contemplate the results, if the Out-Door Department received the support comparable to that accorded to other departments of the hospital. Some years ago the Surgeon-in-Chief of this hospital made the interesting suggestion that it might be profitable and instructive for the chiefs of the department of Medicine and Surgery to exchange their duties temporarily.\* A less bold but equally illuminating experiment would be to effect such a transfer

\* Sixth Annual Report of the Peter Bent Brigham Hospital, 1919.

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between the Out-Door Department and the House staff.

For a number of years the Physician-in-Chief, as well as the Superintendent and Medical Staff of this hospital, have thought that the opportunities for substantial development in the Out-Door Department are great. The reasons for this are obvious. For example, during 1926 almost fourteen times as many patients were given ambulatory medical care as were received in the medical wards during the same period.\* Furthermore, even the most complicated diagnostic study can be satisfactorily accomplished on patients in the Out-Door Department, provided an adequate staff and equipment are available. Unexcelled opportunities for teaching an important but somewhat neglected aspect of medicine are to be found in a clinic for ambulatory patients, as here the student is confronted with the management of the many problems which simulate exactly those encountered by a physician in an office practice. A disproportionate amount of a student's time is now devoted to the study and observation of patients who are critically ill or who are in the advanced stages of a disease, when the diagnosis is easily recognized and therapeutic efforts are too often not curative. In the Out-Door Department it is possible to bring the student into contact with the earliest stages of disease at a time when a greater diagnostic acumen is necessary and when the possibilities of a cure are greatest. Thus by greater development of teaching in the Out-Door Department a student becomes better equipped for his future professional career, and observes a phase of medical

\* During 1926 new patients in the medical Out-Door Department 2,891; old patients 26,165; total 29,056. Total number of patients on the medical wards during 1926, 2,167.

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practice which will consume a greater part of his time in later life. At present our medical curriculum does not adequately recognize this fact. Even the third great function of a hospital, that of advancing medical knowledge, can be conducted with considerable success in a clinic which deals solely with ambulatory patients. It is true, for example, that one type of clinical research which relates to the careful observation of a patient's condition over a long term of years must be almost exclusively conducted in an Out-Door Department.

Realizing, therefore, the neglected opportunities in the Out-Door Department, it is pleasant to record that with the cordial coöperation of the Trustees, the Superintendent, and the Physician-in-Chief of this hospital, a beginning has been made in our own medical Out-Door Department. The success which has followed even minor innovations has been encouraging, and marks the beginning of a development which promises greater opportunities for service to patients, medical teaching, and the community at large. In the following paragraphs I shall review briefly the various changes which have been instituted in recent years, and discuss future changes which are considered advisable for further advancement.

### *The Care of Patients*

After a careful perusal of the twelve annual reports of the Physician-in-Chief of this hospital, it is strikingly apparent that the same defects in the organization of the Out-Door Department have been noted year after year. First, it has been repeatedly urged that more out patients have been admitted than there has been professional personnel to care for

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them; secondly, that while our house officers in the Out-Door Department are the best trained in point of service, there has not been an ideal method devised for the supervision of their work by more experienced clinicians. These appropriate and timely criticisms have not been entirely in vain, nor have changes resulted which are completely satisfactory.

Pressure on the greatly overworked Out-Door Department staff has to a certain extent been relieved by several excellent changes which have been initiated in the past few years. Greatest of all these has been the adoption of the appointment system in July, 1924, whereby the patient comes for examination at a definite, prearranged hour, and the number of patients are limited to those who can actually be seen in accordance with an accepted working schedule. The so-called appointment system is not ideal, as it is now in force, but it is a step in the right direction, and in the future it may be developed to such an extent that the defects are entirely eliminated. It does permit the house officer more time for the examination of each patient, and usually eliminates the tiresome delay before patients are seen by a member of the medical staff. On the other hand, it has diminished somewhat the number of patients who can be seen, and at certain times of the year occasionally it has been necessary to defer the examination of a patient who applied for medical care a week or more, if immediate attention is not indicated, as all appointments are sometimes filled for a considerable period in advance. Of course patients with acute conditions must be seen promptly; this must be intelligently arranged for, since if it is not possible to arrange for promptly seeing acute conditions, a very useful function of the Out-Door

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Department ceases. Relief is promised from these difficulties with the arrival of a third house officer in the Out-Door Department, whose appointment has been authorized by the trustees. Even with this assistance there is always the constant danger that the system will fail to function properly, when for unforeseen reasons, such as the appearance of several emergency cases or the unavoidable absence of a house officer or a clinical clerk, an unexpected burden is imposed upon a personnel who are constantly working at their maximum capacity. Such instances as these result in dissatisfaction to the patients, especially if they have waited several days for an appointment with the assurance that they would be seen as soon as they arrive in the Out-Door Department. Many pages could be written concerning the merits and disadvantages of the appointment system, but in my opinion the former would far outweigh the latter. To me the difficulties are chiefly administrative in character, and their solution should rest with the Superintendent's staff. This and many other problems could easily demand the entire time of an Assistant Superintendent, whose sole duty is to supervise the administrative aspects of all Out-Door Department activities.

Within the past two years the house officers in the Out-Door Department have been relieved of all laboratory duties, as an excellently trained technician, Miss Agnes Fritzell, has been assigned to do this work. This gives the house officers more time to devote to the examination of patients, and furthermore greatly increases the accuracy of the diagnoses, as many more laboratory examinations can be accomplished when the services of a technician are available.

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Within the past two years a very helpful change in the Out-Door Department records has been made which permits a member of the staff to gain information concerning the patients' previous visits to the department with great ease. It was time-consuming and in some instances almost impossible to arrange our old records in such a manner that a chronological history concerning the patient could be obtained, especially if many previous visits had been made to the various sections of the Out-Door Department. Our new records have the data arranged in a permanent and consecutive order, which greatly increases their usefulness.

During the past year the staff of the medical Out-Door Department has been hampered by an inadequate number of examining rooms, although this situation will be eliminated as soon as the additional space in the medical Out-Door Department is completed. For the present, as many as nine physicians and clinical clerks are attempting to use eight examining rooms. As a result, there is often an unavoidable delay in examining the patient, for the rooms are frequently occupied an undue length of time by patients who are dressing or undressing. As a result of the great demand for examining rooms, it has been necessary to transfer all of the special clinics to the Zander Room. While this location is admirable in many respects, there are several improvements which are essential. On some days as many as three different clinics are conducted there simultaneously. The heads of these groups very correctly have complained that the inevitable noise which is present prevents a careful examination if it utilizes any auscultatory method. In addition, there is a lack of desired privacy for physical examina-

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tions, despite the use of screens. This situation could easily be corrected by the erection of inexpensive and semi-permanent partitions. An additional need is a small laboratory in this location. As several of these clinics deal with diseases in which the knowledge derived from the laboratory is essential to the successful management of the patient, it is desirable that convenient facilities should be supplied for such purposes. At present the only one available is on the floor above, and this is already utilized to its fullest capacity.

There has also been an unavoidable delay before the patient is examined, as a result of an inadequate nursing staff. To the nurses in the medical Out-Door Department great credit is due for the efficient way they have attempted to cope with their many duties. It is too much, however, to expect one nurse to ascertain each patient's temperature, pulse rate, obtain a specimen of urine on all female patients, attend to the sterilization of needles, syringes, prepare intramuscular injections, arrange patients for pelvic examinations, transfer patients from one department to another, apply electrodes for electrocardiographic tracings, and numerous other minor but time-consuming duties, such as the distribution of patients' records to the house officers, searching for lost histories, answering the telephone, etc., etc. In the rush of innumerable demands it is usually impossible to give instruction in the nursing duties relating to ambulatory patients, which is an important function of the Out-Door Department. A similar criticism of lack of nursing personnel has been persistently heard from the various special clinic groups. As the undergraduate nursing staff is changed at rather frequent intervals, a further hard-

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ship in the way of inexperience in the administrative routine is imposed until a thorough drilling in this particular is accomplished. The least that could be done to relieve this situation is to provide the Head Nurse in the Out-Door Department with a permanent assistant who could give aid during the most crowded periods of the day.

A second pertinent criticism of the medical Out-Door Department, which has been previously mentioned, is the lack of suitable supervision of the house officers. With the opening of this hospital it was planned that the Physician-in-Chief, Physicians, and Resident Physician should be available for consultation service in the Out-Door Department. With the increased demands on their time in supervising the work in the hospital proper, this was found to be impracticable. As a substitute scheme, a group of associates in medicine were assigned this duty and continued in this capacity until September, 1926. This likewise was not entirely successful, for they, too, found that it required more time than it was possible for them to devote to it. Furthermore, this method of supervision was defective, as the term of service of the associate was often too short; in some instances the associates were not especially interested in Out-Door Department work; and with such a system there was no active director on whom the entire responsibility of the department was placed.

In my opinion, the next most important move in the development of the medical Out-Door Department is to create an official and new position with the title "Director of the Medical Out-Door Department," which should be equal in rank to the position of Physician. The man selected for this position should serve under the Physician-in-Chief

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of the hospital but should be held entirely responsible for all of the activities of the medical Out-Door Department, including the care of patients, teaching, and the supervision and direction of certain types of clinical investigation. In addition to this title he should be given a suitable academic rank in the Medical School, and every assistance in teaching should be extended. The success of such a venture depends chiefly upon the type of man chosen for this position. He should be prepared to spend eight or ten years in this work, and certainly in the beginning at least three-fourths of his entire time would be required. For this he should be given adequate compensation, and, in addition, ample office facilities should be provided in the Out-Door Department for the care of his private patients. His assistants, of whom he would require at least four for part of each year, should be selected from the group of associates and junior associates in Medicine. An investment, thus made, promises returns at least as great as the apportionment of a similar sum to the main hospital wards or laboratories.

Since September, 1926, the active supervision of the work of the house officers in the Out-Door Department and the teaching of students for the first time has been under the direction of one of the three men with rank of Physician on the hospital staff. This staff member has been on duty three days each week from 9 A. M. to 12 noon, and has been responsible at all times for the conduct of the work. On alternate days, for the first half of the school year, Dr. Robert Monroe assisted in teaching and other duties; for the second half of the year Dr. William R. Graham filled this position. In addition, a consultation clinic, which meets every Friday morning, has been insti-

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tuted, and the house officers have been encouraged to refer all patients there who have complicated conditions or in whom more mature judgment and advice is necessary. Dr. Samuel A. Levine very ably conducted this clinic for several months, but at the end of this time he was selected to do ward service, and as a result Dr. Philip G. Grabfield was appointed as his successor. The function of this clinic is exceedingly important as it provides the house officers with the services of an experienced clinician who can give assistance when it is most helpful. In the future a clinic of this type should be perfected and developed to a still greater extent under the individual guidance of the Director of the Medical Out-Door Department. Its ultimate aim should be to meet two or three half-days each week and to conduct more extensive and elaborate studies on ambulatory patients with complicated conditions. In this way many patients could be satisfactorily studied without referring them to the hospital wards for observation.

### *Special Clinics*

There now exist fifteen different special clinics in the medical Out-Door Department under the direction of one who is especially interested in the following disease conditions:

Arthritis . . . . .	Dr. Howard L. Alt
Arthritis . . . . .	Dr. Francis L. Burnett
Arthritis . . . . .	Dr. Francis C. Hall
Asthma . . . . .	Dr. I. Chandler Walker
Blood Diseases . . . . .	Dr. George R. Minot
Diabetes . . . . .	Dr. Howard F. Root
Cardiac Disease . . . . .	Dr. Samuel A. Levine
Gastrointestinal Disease . . . . .	Dr. Edward S. Emery
Syphilis . . . . .	Dr. James S. Reid
Nutrition Clinic . . . . .	Miss Thelma Tubbs

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Pleurisy and Chronic Bronchitis . . .	Dr. Philip G. Grabfield
Renal Disease . . . . .	Dr. James P. O'Hare
Thyroid Disease . . . . .	Dr. Lyman H. Hoyt
Tuberculosis . . . . .	Dr. Nathaniel K. Wood

Many of these clinics have been in operation almost since the opening of the hospital and have been productive of great good in at least two ways:

1. By direction of the treatment and management of patients referred to them following their discharge from the hospital or from the general medical division of the Out-Door Department.
2. By the careful study and observation of groups of patients over long periods of time, with special reference to various types of therapy or the spontaneous course of the disease.

The first function needs no comment. Our special clinics during their periods of existence have provided intelligent care for a countless number of patients, and will continue this work with the highest efficiency as long as the hospital exists. The second purpose, though less frequently emphasized, is vital to the great success of any hospital or medical institution. Every clinic in our medical Out-Door Department is seeking carefully and intelligently to answer some clinical problem of importance. In some instances this work is closely correlated with similar work in the hospital wards, in others the study is conducted entirely on ambulatory patients in the Out-Door Department. As an example of the necessity of research of this type, there is none more striking than the study which is now being conducted under the direction of Dr. Minot and his associates which relates to the efficacy of the dietary treatment of pernicious anemia. A fairly satisfactory answer to the immediate effect of this diet has been ob-

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tained by the study of ward patients, but the ultimate result of such treatment can be determined only by the observation of a large number of patients at intervals over a long period of time. Such conditions are met, so far as a hospital is concerned, in a practical way only in an Out-Door Department. If it is possible to settle just this one important question, the medical Out-Door Department has a valid claim to share the honor of pursuing scientific investigations.

Another example of the type of research which can be conducted in the Out-Door Department is well illustrated by the study which is now being made there for the purpose of determining the effects of different types of treatment on chronic arthritis. Three different groups are now observing the efficacy of as many types of treatment of this distressing and widespread disease. Dr. Howard L. Alt is devoting his time to determine the result of the intravenous injections of ortho-iodoxybenzoic acid. After a few preliminary treatments in the hospital wards, the patients continue the injections at bi-weekly intervals in the Out-Door Department. This provides an ample opportunity to observe the effects of treatment over a long interval. Dr. Francis C. Hall is likewise following a group of arthritis patients with special reference to fatigue, diet, constipation, endocrine disturbances, and mechanical difficulties associated with an incorrect posture. In addition to the above studies, Dr. Francis L. Burnett has recently initiated an investigation relating to the inefficient absorption of food as a possible causative agent in this disease. As a large number of patients with chronic arthritis are encountered in the Out-Door Department, it is possible to conduct these

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three different types of study on the disease at the same time and thereby more rapidly advance our total fund of knowledge.

It is not possible to give in detail all of the activities of the various special clinics in the Out-Door Department, and mention will be made, therefore, only of those in which special features should be discussed. The asthma and hay-fever clinic is our largest group, and great credit should be given to Dr. I. Chandler Walker, who has been ably assisted by Miss June Adkinson, for the efficient manner in which they have applied a complicated type of diagnostic procedure and treatment to a large bulk of patients. During the year 1926 a total of 8,586 visits were made to this clinic, and to a large number of these the tests for protein sensitiveness were applied. In addition, a total number of 7,788 treatments were given. Dr. Walker has been engaged in a study of the cause and relief of hay fever and asthma since the very earliest days of the hospital, and is now applying the results of his studies to a very large group who are suffering from these conditions.

Another group of special interest which has been observed in the medical Out-Door Department is a series of patients with high blood pressure and chronic nephritis. Through the efforts of Dr. James P. O'Hare, it has been possible to determine the condition of a number of these patients for a long interval. One example of many interesting observations will be given to emphasize the fundamental importance of this type of work. To the average layman and to many physicians, the diagnosis of "high blood pressure" indicates a condition in which the expected duration of life is brief. That this is not always correct has been observed by Dr. O'Hare,

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who has among his patients a group with a definite hypertension and in whom the blood pressure has remained unaltered for ten years or more. These patients have continued in a satisfactory state of health and have not developed the usually expected cardio-vascular or renal lesions. One patient has reported for observation in the Out-Door Department for thirteen years, and during this time has had a constantly active nephritis. At present he is in comparatively good health, and only recently has he shown slight evidence of a diminished ability of the kidneys to perform the normal amount of work. Such observations as these constitute new knowledge which has an important bearing on prognosis. Information such as this can be obtained only by careful and thorough study of patients over a long period of years.

Of special interest and increasing importance in the Out-Door Department is the work of the Dietitian, Miss Thelma Tubbs, and her assistants. The Nutrition Clinic was originally started six years ago by Mrs. Octavia Hall Smillie, our Dietitian at that time, to collaborate with the Out-Door Department staff of physicians in the dietary treatment of a variety of conditions, such as anemia, obesity, under-nutrition, asthma, constipation, hypertension, and gastrointestinal conditions. As the dietary management of the anemias, diabetes, and gastrointestinal diseases is of such great importance, it was considered advisable to assign a dietitian to these clinics to work in closest coöperation with the physician in charge. Too much praise cannot be given the staff of dietitians for their enthusiastic assistance in these special clinics. In addition, Miss Tubbs has conducted a nutrition clinic, which at present deals

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chiefly with obese and malnourished patients who are referred by the physicians of the Out-Door Department. In this capacity alone 204 different patients, 21 of whom were former patients, were interviewed, with a total of 699 clinic visits. Moreover, contact has been made with approximately 1,800 additional patients, who have visited the clinics in which the dietitians are giving special service. Dietary advice has been given, therefore, to ambulatory patients who have made almost 2,500 clinic visits, a number which exceeds the total admissions to either the medical or surgical wards of the hospital during the past year. To accomplish this, one or more dietitians have been present in the Out-Door Department for eleven hours each week. This has imposed a burden on the Dietitian's Staff which has been difficult, as time has been spent in the Out-Door Department which should have been given to the supervision of routine work in the diet kitchen and to teaching patients on the hospital wards the details of individual diets. With the growing importance of the dietary treatment of disease, and the amount of work which is allotted to the Dietitians in the Out-Door Department, it is essential that a full-time dietitian, who will perform her duties under the direction of the Head Dietitian, should be assigned to this department of the hospital.

### *Teaching in the Out-Door Department*

The Out-Door Department has always offered a fertile field for teaching clinical medicine, although the medical schools of this country have been slow to recognize this, and at present have only begun to utilize a small portion of the facilities which are available. During the past year certain changes of

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interest, which relate to the instruction of fourth-year medical students, have been instituted in our own clinic. These are proving to be entirely successful and offer great possibilities for future development. In brief the plan is as follows. Each fourth-year student, who serves for two or three months in the medical wards of the hospital, spends two half days each week in the medical Out-Door Department. By special arrangement with the appointment clerk each student is assigned a new patient, who reports at 8:30 A. M. He is given ample time to obtain a complete history, perform the physical examination, and complete the ordinary laboratory work. Accuracy and thoroughness are demanded, and in many instances a diagnostic study has been accomplished, which previously has been considered as possible only when the patient is admitted to the hospital for medical observation. After the clinical clerk has completed his duties, the instructor carefully appraises the data, verifies the examinations, discusses with the student the tentative diagnosis, and outlines the plan for further study, or considers the future plan for treatment and management of the patient.

A successful effort has been made to have each clinical clerk follow patients for a considerable period of time in order to learn the outcome of treatment and the final result. For example, if treatment is prescribed, the patient is asked to return at a time when the clinical clerk will again be on Out-Door Department duty. If the patient is referred to a special clinic or sent for Roentgen-ray examination, the student is urged to accompany the patient and secure the result of these examinations. When the patient's condition is such that bed care is necessary,

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the student continues his observations in the hospital wards. In many instances it has been possible to follow the condition of a patient for several months. The knowledge, which is acquired by following the condition of only a few patients for a long interval, is much greater than the isolated examination of many patients.

In addition to the effort which has been made to encourage the student to learn the ultimate status of a patient, other important features have been emphasized as follows:

1. As many patients as possible have been studied completely in the Out-Door Department without admitting them to the hospital for observation. If the patient is not suffering from a condition which demands bed care, this can be accomplished in the Out-Door Department with the same efficiency in a great majority of instances as when the patient is sent into the wards. This benefits the patients, as in many instances it is not possible for them to leave home for a week or so while under observation in the hospital. In addition, it is less expensive to both the patient and the hospital, and furthermore the pressure is relieved on our already overcrowded wards.
2. Particular attention was directed toward the earliest evidences of disease, which are most frequently observed in patients who come to an Out-Door Department, as at this time the condition is most amenable to treatment.
3. A special effort has been devoted to the study and management of patients with functional nervous disorders, as these comprise the most

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common condition encountered in ambulatory patients both in the dispensary and in private practice. Certainly in the former, and often in the latter, such patients are inefficiently managed, as much time is necessary to determine the most effective method to cure their complaints. In most medical schools, instruction in the recognition and treatment of these conditions is inadequate. The Out-Door Department offers an opportunity in this respect which should not be neglected.

4. The Out-Door Department type of instruction is unique in one respect, for it is here and here only that the student is brought into contact with a countless variety of so-called minor ailments. In these conditions, as in all others, the clinical clerks are taught prescription writing and how to instruct a patient in a practical way to administer drugs, diets, and other forms of therapy.
5. Through the enthusiastic coöperation of Miss Alice Cheney and her coworkers, it has been possible to emphasize to the students the great importance and function of the Social Service Department in relation to the care and treatment of patients. Although every practitioner and hospital physician appreciates the important bearing of a patient's environment and family relations to disease, there does not exist in most medical schools any organized course dealing with the function and importance of social service work. Until this unfortunate situation is corrected, this information can be imparted only informally by medical teachers, and the opportunities afforded by the patients

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coming to the medical Out-Door Department should be used to the greatest advantage.

Other plans for more extensive utilization of facilities in the Out-Door Department have been considered and in part utilized. At intervals during the year a clinic has been held for one hour, at which one or two of the most interesting cases were presented by the students and discussed by the instructor in charge. As from thirty to forty new patients each week are studied in the teaching clinic of the Out-Door Department, it is very easy to select almost any number which illustrate something of value in the way of diagnosis or treatment. At all times the teaching in such a clinic should be directed toward the early or minor conditions, for ample instruction, bearing on the advanced stages of disease, is presented in the hospital wards. Certainly there is need for such a clinic, and in the future it will doubtless be given the attention which it merits. Another great opportunity for teaching medical students is to be found in the special clinics of the Out-Door Department, of which there are now thirteen. Although the students have not been encouraged to attend them, there is no reason why they should not spend a certain amount of their elective time in the various types of special work for which these clinics are conducted. Since their beginning, they have offered an excellent type of instruction to post-graduate students, and this should be encouraged in the future.

With the increased teaching activity in the medical Out-Door Department the question may be raised concerning the effect of this on the most important function of all hospitals, namely, the care of patients.

## REPORT OF THE PHYSICIAN-IN-CHIEF

To one who has been associated with a teaching clinic, an explanation is entirely unnecessary, for it is well known and accepted that the care of the sick by institutions associated with well-conducted medical schools is always of the very highest type. By such an arrangement, an opportunity is afforded the patient of an exceedingly careful examination under the strictest supervision by physicians who have every diagnostic aid at their disposal. In our own medical Out-Door Department it is now possible to give medical care to many more patients as a result of the assistance which is given by the clinical clerks who are assigned by the Medical School. In no other practical way could an increased bulk of work be accomplished.

### PUBLISHED WORK

During 1926 certain lines of investigation have been pursued by the members of the staff, as shown by the following list of publications. Some of these represent work actually done in the preceding year, but, according to our custom, noted in the Annual Report only after completion and publication, thereby avoiding duplication in being noted once when the work is under way and the second time when completed and published.

CHRISTIAN, HENRY A. Individual Versus Group Responsibility in the Care of the Hospital Patient. *Jour. Am. Med. Assoc.*, 1926, lxxxvi, 993.

— Some Features in Hospital Administration from the Viewpoint of a Clinician. *Boston Med. and Surg. Jour.*, 1926, cxciv, 668.

— Selecting a Hospital for an Internship. *Jour. Am. Med. Assoc.*, 1926, lxxxvi, 1499.

EMERY, EDWARD S., JR., and MONROE, R. T. X-rays of the Chest: Their Use in Tuberculosis Suspects. *Boston Med. and Surg. Jour.*, 1926, cxciv, 619.

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- FITZ, REGINALD. The Importance of a Routine Wassermann Test in Private Practice. *Northwest Medicine*, 1926, xxv, 57.
- FITZ, REGINALD and BLOTNER, HARRY. On Diabetic Gangrene, with Particular Reference to the Value of Insulin in Its Treatment. *Boston Med. and Surg. Jour.*, 1926, cxciv, 1155.
- FROTHINGHAM, CHANNING. A Case of So-called Influenza Pneumonia. *Boston Med. and Surg. Jour.*, 1926, cxcv, 460.
- Acute and Chronic Nephritis (Revision). *Nelson Loose Leaf Medicine*, N. Y., 1926, iv, 675.
- GRABFIELD, G. P. and KASANIN, J. Blood Sugar Curves in Epidemic Encephalitis. *Arch. Int. Med.*, 1926, xxxvii, 102.
- GRABFIELD, G. P. and PRENTISS, A. M. Effect of Iodides on the Nitrogen Partition. *Jour. Pharm. and Exp. Therap.*, 1926, xxvii, 231.
- GRABFIELD, G. P. and BOWMAN, K. M. Effect of Pituitary Preparations on the Blood Sugar Curve and Basal Metabolism. *Endocrinology*, 1926, x, 201.
- HALL, FRANCIS C. Observations of a Medical Man in an Orthopedic Clinic. *Boston Med. and Surg. Jour.*, 1926, cxciv, 432.
- LEVINE, SAMUEL A. The Treatment of Auricular Fibrillation. *Rhode Island Med. Jour.*, 1926, ix, 19.
- The Treatment of the Attacks Occurring in Adams-Stokes Disease. *Boston Med. and Surg. Jour.*, 1926, cxcv, 1147.
- LEVINE, SAMUEL A. and BLOTNER, HARRY. The Treatment of Paroxysmal Auricular Tachycardia. *Am. Jour. Med. Sc.*, 1926, clxxii, 660.
- LEVINE, SAMUEL A. and CURTISS, ARTHUR N. A Case of Ventricular Tachycardia and Fibrillation: An Unusual Problem in Therapy. *Am. Heart Jour.*, 1926, i, 413.
- LEVINE, SAMUEL A. and MATTON, MARCEL. Observations on a Case of Adams-Stokes Syndrome, Showing Ventricular Fibrillation and Asystole Lasting Five Minutes with Recovery Following the Intracardiac Injection of Adrenalin. *Heart*, 1926, xii, 271.

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- MASSEE, JOSEPH C. Vegetable Marrow as a Cause of Positive Benzidine Tests in the Stools of Diabetic Patients. *Jour. Am. Med. Assoc.*, 1926, lxxxvii, 409.
- MINOT, GEORGE R. Treatment of Anemia. *Principles of Medical Treatment* by George Cheever Shattuck, 6th Ed., Cambridge, 1926, p. 45.
- Pernicious Anemia: Discussion of Case 12,342 (Cabot Clinics). *Boston Med. and Surg. Jour.*, 1926, cxcv, 429.
- MINOT, GEORGE R. and ISAACS, RAPHAEL. Lymphoblastoma; Age and Sex Incidence, Duration of Disease, and the Effect of Roentgen-Ray and Radium Irradiation and Surgery. *Jour. Am. Med. Assoc.*, 1926, lxxxvi, 1185 and 1265.
- Lymphoblastoma; Aspects Concerning Abdominal Lesions, Especially Their Production of Early Symptoms. *Am. Jour. Med. Sc.*, 1926, clxxii, 157.
- MINOT, GEORGE R. and MURPHY, WILLIAM P. Treatment of Pernicious Anemia by a Special Diet. *Jour. Am. Med. Assoc.*, 1926, lxxxvii, 470.
- A Special Diet for Patients with Pernicious Anemia. *Boston Med. and Surg. Jour.*, 1926, cxccv, 410.
- MURPHY, WILLIAM P. Biliary System Function Tests. *Arch. Int. Med.*, 1926, xxxvii, 797.
- An Easy Method of Estimating the Amount of Jaundice by Means of the Blood Serum. *Boston Med. and Surg. Jour.*, 1926, cxcciv, 297.
- O'HARE, JAMES P. Chronic Nephritis and Hypertension. *Trans. New Hampshire Med. Soc.*, 1926, vii, 7.
- The Heart and Its Management in Hypertensive Disease. *Rhode Island Med. Jour.*, 1926, ix, 1.
- O'HARE, JAMES P., ALTNOW, HUGO, CHRISTIAN, THOMAS D., JR., CALHOUN, ABNER W. and SOSMAN, M. C. Chronic Nephritis Produced by X-ray. *Boston Med. and Surg. Jour.*, 1926, cxcciv, 43.
- ROOT, HOWARD F. Excessive Insulin Dosage in Diabetic Gangrene. *The Lancet*, 1926, ii, 544.
- ROOT, HOWARD F. and BENEDICT, F. G. Insensible Perspiration. *Arch. Int. Med.*, 1926, xxxviii, 1.
- ROOT, HOWARD F. and WARREN, SHIELDS. Clinical and Pathologic Study of Twenty-six Cases of Diabetes. *Boston Med. and Surg. Jour.*, 1926, cxcciv, 45.

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- ROOT, HOWARD F. and WARREN, SHIELDS. Lipoid Containing Cells in the Spleen in Diabetes with Lipemia. *Am. Jour. Pathology*, 1926, ii, 69.
- ROOT, HOWARD F. and MILES, W. R. Physical Measurements on Operated Hyperthyroids. *Proc. Soc. Exper. Biol. and Med.*, 1926, xxiii, 728.
- STURGIS, CYRUS C. Angina Pectoris as a Complication in Myxedema and Exophthalmic Goiter. *Boston Med. and Surg. Jour.*, 1926, cxcv, 351.
- Effect of Iodine by Mouth on Reaction to Intravenous Injections of Thyroxin. *Jour. Clin. Investigation*, 1926, ii, 289.
- The Effects of Heat. *Oxford Medicine*, New York, 1926, iv, 664 (1).
- Sunburn. *Oxford Medicine*, New York, 1926, iv, p. 664 (17).
- WILSON, CHARLES P. Mycotic Aneurysm Involving the Intraventricular Septum. *Am. Heart Jour.*, 1926, i, 703.

During 1926, as in previous years, a large volume of work has been accomplished by the medical service. Its imperfections and inadequacies, some of which are pointed out in the preceding pages, are recognized, and their recognition should be a sufficient antidote to the poison of corporate and individual complacency. Certainly the chief of service feels no complacent satisfaction that justifies any let down in efforts to improve and advance. To associates of the medical service and other departments of the hospital organization thanks are rendered for the worth-while accomplishments of the year. The ready and sympathetic coöperation of our Superintendent, Dr. Howland, has been available at every stage of the work; his personality and his ability have made extremely pleasant the activities of the medical service; without him many things could not have been accomplished.

HENRY A. CHRISTIAN,  
*Physician-in-Chief.*

REPORT OF THE PHYSICIAN-IN-CHIEF

Summary of Medical Report

JANUARY 1, 1926, TO JANUARY 1, 1927

Total number of admissions in 1926 . . . . .		2,167
Total number of medical cases remaining in the wards January 1, 1926 . . . . .		87
		2,254
Total number of medical readmissions discharged in 1926	472	
Total number of medical new cases discharged in 1926 . .	1,688	
		2,160
Total number of medical cases remaining in the wards January 1, 1927 . . . . .		94
		2,254
Results on medical cases discharged in 1926 were as fol- lows:		
Total number discharged well . . . . .	58	
improved . . . . .	1,403	
unimproved . . . . .	165	
untreated . . . . .	245	
transferred to Surgical . . . . .		
Service . . . . .	127	
dead . . . . .	162	
		2,160
Total number of medical cases remaining in the wards January 1, 1927 . . . . .		94
		2,254

## Visiting Physicians and Surgeons Pro Tempore

### DR. FRANK BILLINGS

M.D., Northwestern Univ., 1881; M.S., *ibid.*, 1890; Sc.D., Harvard, 1915; Professor of Medicine, Northwestern Univ., 1891-98; Professor of Medicine, Rush Medical College, 1898-1905; Professor of Medicine, Univ. of Chicago, 1905-24; *Visiting Physician, P. B. B. H.*, May 15 to May 20, 1916.

### DR. LEWIS A. CONNER

Ph.B., Yale Univ., 1887; M.D., Columbia Univ., 1890; Physician, New York Hospital, 1905; Professor Clinical Medicine, Cornell Univ. Med. School, 1905-16; Professor of Medicine, *ibid.*, 1916; *Visiting Physician, P. B. B. H.*, April 8 to April 15, 1923.

### MR. GEORGE E. GASK

Graduate of St. Bartholomew's Hospital, London, England; Consulting Surgeon, B. E. F., receiving C.M.G. and a D.S.O.; Surgeon and Director of Surg. Unit to St. Bartholomew's Hosp.; Professor of Surgery, Univ. of London; *Visiting Surgeon, P. B. B. H.*, March 20 to April 3, 1921.

### DR. EVARTS GRAHAM

M.D., Rush Medical College, 1907; Professor of Surgery, Washington Univ., St. Louis, Mo.; *Visiting Surgeon, P. B. B. H.*, April 26, 1925-May 3, 1925.

### DR. JAMES B. HERRICK

A.B., Univ. of Mich., 1882 (Hon. A.M., *ibid.*, 1907); M.D., Rush Medical College, 1888; Interne, Cook County Hospital, 1888-89; Instructor in Medicine, Rush Medical College, 1890-93; Adjutant Professor, *ibid.*, 1894-1900; Professor, *ibid.*, 1900; Attending Physician, Presbyterian Hospital, Chicago, Illinois, 1895; *Visiting Physician, P. B. B. H.*, Feb. 15 to Feb. 21, 1924.

### DR. ALBION WALTER HEWLETT

B.S., Univ. of Cal., 1895; M.D., Johns Hopkins Medical School, 1900; Professor of Internal Medicine, Univ. of Mich., 1908-16; Professor of Medicine, Leland-Stanford Jr. Univ., San Francisco, 1916-25; *Visiting Physician, P. B. B. H.*, May 1 to May 4, 1915, and Jan. 2 to Jan. 8, 1916. Died Nov. 10, 1925.

### DR. CHARLES F. HOOVER

M.D., Harvard, 1892; Professor of Medicine, Western Reserve Univ., Cleveland, Ohio; *Visiting Surgeon, P. B. B. H.*, Feb. 3 to Feb. 9, 1924.

## VISITING PHYSICIANS AND SURGEONS

### DR. SAMUEL W. LAMBERT

A.B., Yale, 1880; Ph.B., *ibid.*, 1882; M.D., Columbia, 1885; A.M., Yale, 1905; D.Sc., Columbia, 1921; Professor Clinical Medicine, Columbia, 1903-19; Dean, Coll. Phys. and Surgs. (Columbia), 1904-19; Attending Physician, New York Hosp., 1896-1909; Attending Physician, St. Luke's Hosp., 1906; *Visiting Physician, P. B. B. H., Jan. 24 to Jan. 30, 1926.*

### DR. HENRY ROBERT MURRAY LANDIS

A.B., Amherst, 1894; M.D., Jefferson Med. Coll., 1897; Director, Clinical and Sociological Departments, Henry Phipps Institute, Philadelphia, Pa.; *Visiting Physician, P. B. B. H., Jan. 18 to Jan. 25, 1919.*

### DR. DEAN DEWITT LEWIS

A.B., Lake Forest Univ., 1895; M.D., Rush Med. Coll., 1899; Associate Professor of Surgery, Rush Medical College, 1919-25; Attending Surgeon, Presbyterian Hosp., Chicago; Professor of Surgery, Johns Hopkins Univ., 1925; *Visiting Surgeon, P. B. B. H., March 15 to March 24, 1920.*

### SIR THOMAS LEWIS

C.B.E.; F.R.C.S.; M.D., University College, London, England, 1906; Physician, University College, London, England; Physician to Staff of Med. Research Comm.; *Visiting Physician, P. B. B. H., Oct. 26 to Nov. 2, 1914.*

### DR. WARFIELD T. LONGCOPE

A.B., Johns Hopkins Univ., 1897; M.D., Johns Hopkins Univ., 1901; Bard Professor of Medicine, Columbia Univ., New York, 1914-21; Professor of Medicine, Johns Hopkins Univ., and Physician-in-Chief, Johns Hopkins Hospital, 1922; *Visiting Physician, P. B. B. H., Jan. 13 to Jan. 20, 1917.*

### DR. WILLIAM DE B. MACNIDER

M.D., Univ. of N. C., 1903; Professor of Pharmacology, Univ. of N. C., 1905; *Visiting Physician, P. B. B. H., April 13 to April 17, 1925.*

### DR. THOMAS McCRAE

A.B., Univ. of Toronto, 1891; M.B., *ibid.*, 1895; M.D., *ibid.*, 1903; Fellow of Biology, Univ. of Toronto, 1892-94; Associate in Medicine, Johns Hopkins Hosp., 1904-12; Associate Professor of Medicine, Johns Hopkins Univ., 1906-12; Professor of Medicine, Jefferson Med. Coll., 1912; Physician to Jefferson and Penn. Hosps.; Fellow Royal Coll. of Phys. (England); American Philosophical Society; Lieut. Col., Canadian Army Med. Corps; *Visiting Physician, P. B. B. H., March 13 to March 19, 1921.*

### SIR D'ARCY POWER, K.B.E.

M.A., M.B., Univ. of Oxford, 1882; F.R.C.S. (England), 1883; Consulting Surgeon, St. Bartholomew's Hospital, London, England; *Visiting Surgeon, P. B. B. H., April 20 to May 5, 1924.*

### DR. CLARENCE L. STARR

M.B., Univ. of Toronto; M.D., Univ. of New York; LL.D.; Professor of Surgery, Univ. of Toronto; Surgeon-in-Chief, Toronto General Hosp.; *Visiting Surgeon, P. B. B. H., March 7 to March 16, 1926.*

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### SIR HAROLD J. STILES

Kt., cr. 1918; K.B.E., cr. 1919; M.B., C.M., F.R.C.S., Edinburgh; British Colonel, R. A. M. C.; Mem. Army Med. Advisory Board; Surgeon, Royal Edinburgh Hosp. for Sick Children, and Chalmers Hosp.; Professor of Clinical Surgery, 1919-25; Late Lecturer on Applied Anatomy, Univ. of Edinburgh; *Visiting Surgeon, P. B. B. H.*, April 8 to April 21, 1923.

### DR. WILLIAM S. THAYER

A.B., Harvard, 1885; M.D., *ibid.*, 1889; LL.D., Washington Coll., 1907; Hon. F. R. C. P. I., 1912; Brig. General, U. S. A. M. C., 1918-19; Professor of Medicine, Johns Hopkins Univ., 1919-21; Physician-in-Chief, Johns Hopkins Hosp., 1919-21; Visiting Physician, Johns Hopkins Hosp., 1921; *Visiting Physician, P. B. B. H.*, Nov. 14 to Nov. 21, 1913.

### SIR CUTHBERT WALLACE

C.B., 1918; K.C.M.G., 1916; M.B., B.S., London; F.R.C.S., Eng.; Surgeon to St. Thomas' Hosp.; Dean, St. Thomas' Hosp. Med. School; Late Surgeon, East London Hosp. for Children; Lecturer on Surgery, St. Thomas' Hosp.; served in South Africa as Surgeon to Portland Hosp., 1900; European War, 1914-18; Maj. Gen., A. M. S.; Consulting Surgeon, B. E. F., France; *Visiting Surgeon, P. B. B. H.*, April 24 to May 8, 1922.

### DR. ROLLIN TURNER WOODYATT

B.S., Univ. of Chicago, 1906; M.D., Rush Med. Coll., 1902; Clin. Professor of Medicine, Univ. of Chicago; Attending Physician, Presbyterian Hosp., Chicago; *Visiting Physician, P. B. B. H.*, Dec. 16 to Dec. 23, 1921.

# Register of Present Members of the Staff

## ABBREVIATIONS

P. B. B. H.	— Peter Bent Brigham Hospital	M. G. H.	— Massachusetts General Hospital
B. C. H.	— Boston City Hospital	Harv.	— Harvard University
J. H. H.	— Johns Hopkins Hospital	H. O.	— House Officer

### ALT, HOWARD L.

B.S., Northwestern Univ., 1923; M.D., *ibid.*, 1924; H. O. in med. and surg., *ibid.*, July, 1923–July, 1925; *Asst. Res. Phys.*, *P. B. B. H.*.

### BAILEY, PERCIVAL

B.S., Univ. of Chicago, 1914; Ph.D., *ibid.*, 1918; M.D., Northwestern Univ., 1918; Asst. in Embryology, Univ. of Chicago, 1914; Asst. in Anatomy, *ibid.*, 1914–15; Asst. in Anatomy, Northwestern Univ., 1915–17; Assoc. in Anat., Univ. of Chicago, 1917–18; Surg. H. O., Mercy Hosp., Chicago, 1918–19; *Asst. Res. Surg.*, *P. B. B. H.*, April 1–Dec. 19, 1919; Res. Phys., Neurol. Service, Cook County Hosp., Chicago, 1920; Res. Phys., Psychopathic Hosp., Chicago, 1920; Arthur Tracy Cabot Fellow, Harv., 1920–21; *Assoc. in Surg.*, *P. B. B. H.*, Sept. 1, 1920–July 1, 1921; Asst. Etranger à la Salpêtrière, service du Prof. Pierre Marie, 1921–22; *Jr. Assoc. in Surg.*, *P. B. B. H.*, July, 1922–September, 1923; Asst. Etranger à l'hospice Sainte Anne, service du Prof. Henri Claude, 1925–26; Instr. in Surg., Harv.; *Assoc. in Surg.*, *P. B. B. H.*.

### BARR, JOSEPH SEATON

B.S., College of Wooster, Wooster, Ohio, 1922; M.D., Harv., 1926; Stud. H. O., Huntington Mem. Hosp., 1924–25; *Surg. H. O.*, *P. B. B. H.*

### BIRD, CLARE EDWARD

A.B., Univ. of Cal., 1920; M.D., Harv., 1923; Interne, Indian Harbor Hosp., Labrador, with Grenfell Mission, 1922; *Surg. H. O.*, *P. B. B. H.*, July 1, 1923–Nov. 1, 1924; Asst. in Surg. and Pathol., Yale, 1924–25; *Asst. Res. Surg.*, *P. B. B. H.*, July 1, 1925–Oct. 1, 1926; *Res. Surg.*, *ibid.*

### BLOTNER, HARRY H.

2 yrs. pre-med. work, Tufts, 1918–20; M.D., Tufts, 1924; Gen. Interne, Eastern Maine Gen. Hosp., July 1, 1924–July 1, 1925; *Vol. Grad. Asst. in Med.*, *P. B. B. H.*, Aug. 1, 1925–Dec. 8, 1925; *Asst. Res. Phys.*, *ibid.*, Dec. 8, 1925–Dec. 1, 1926; Asst. in Med., H. M. S.; *Jr. Assoc. in Med.*, *P. B. B. H.*

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### BRADLEY, JOHN I.

A.B., Georgetown Univ., 1920; M.D., Harv., 1925; Pathol. Interne, B. C. H., 1925; *Surg. H. O., P. B. B. H.*, Nov. 1, 1925–Mar. 1, 1927.

### BRILL, SELLING

A.B., Stanford, 1920; M.A., *ibid.*, 1922; M.D., Harv., 1924; *Surg., H. O., P. B. B. H.*, Nov. 1, 1924–Mar. 1, 1926; Hunter Fellow in Surg., Univ. Hosp., Philadelphia, Pa.

### BROWN, CHARLES LEONARD

B.S., Univ. of Oklahoma, 1919; M.D., *ibid.*, 1921; *Med. H. O., P. B. B. H.*, March 1, 1922–July 1, 1923; Res. Pathol., Children's Hosp., 1923–24; Instr. in Pathol., Harv.; *Res. Pathol., P. B. B. H.*, July 1, 1924–Sept. 1, 1925; Teaching Fellow in Med., Harv.; *Res. Phys., P. B. B. H.*

### CAIRNS, HUGH WILLIAM BELL

M.B., B.S., Univ. of Adelaide, 1917; Rhodes Scholar, Oxford, 1919–20; F. R. C. S., England, 1921; War service, 1915–18; House Surg., Radcliffe Infirmary, Oxford, 1920–21; House Surg., London Hosp., 1921; Pathol. Asst., *ibid.*, 1921–22; House Phys., *ibid.*, 1922; Asst. in Surg. Unit, London Hosp., 1923; Surg. First Asst., *ibid.*, 1924–25; Asst. Surg., *ibid.*, 1926; Hunterian Prof., R. C. S., 1925–26; *Asst. Res. Surg., P. B. B. H.*

### CALHOUN, ABNER W.

A.B., Univ. of Ga., 1918; M.D., Harv., 1923; 2 mos. in tuberculosis work, Ray Brook, N. Y.; 5 mos. in pathol., *P. B. B. H.*, Sept. 1, 1923–Mar. 1, 1924; Med. H. O., B. C. H., Mar. 1, 1924–Nov. 15, 1925; *Asst. Res. Phys., P. B. B. H.*

### CANNON, WALTER BRADFORD

A.B., Harv., 1896; A.M., *ibid.*, 1897; M.D., *ibid.*, 1900; S.D., Yale, 1923; C.B. (military), 1919; D.S.M., 1922; Instr. in Zoölogy, Harv., 1899–1900; Instr. in Physiol., *ibid.*, 1900–02; Asst. Prof. Physiol., *ibid.*, 1902–06; Geo. Higginson Prof. Physiol., *ibid.*; Fellow, Am. Acad., 1906; Mem. Am. Philos. Soc., 1908; Mem. Nat. Acad. of Sciences, 1914; Croonian Lecturer, Royal Society, London, 1918; Corr. Mem., Société de Biologie, Paris, 1919; Reale Accademia delle Scienze, Bologna, 1921; Honorary Member, Sociedad de Biología, Buenos Aires, 1922; *Consult. Physiol., P. B. B. H.*

### CHEEVER, DAVID

A.B., Harv., 1897; M.D., *ibid.*, 1901; *Surg. H. O., B. C. H.*, 1901–03; Asst. in Anat., Harv., 1903–08; Asst. Visit. Surg., B. C. H., 1905–12; Demonstr. in Anat., Harv., 1908–13; Asst. Prof. Surg. and Anat., Harv.; Chief Surg., 2d Harv. Unit, B. E. F., France, 1915–16; Assoc. Prof. of Surg., Harv.; *Surg., P. B. B. H.*

### CHRISTIAN, HENRY ASBURY

A.B., and A.M., Randolph-Macon, 1895; Grad. Stud., *ibid.*, 1895–96; LL.D., *ibid.*, 1923; M.D., Johns Hopkins, 1900; A.M., Harv., 1903; Asst. Pathol., B. C. H., 1900–02; Asst. Visit. Pathol., *ibid.*, 1902–05; Asst. Visit. Pathol., Children's Hosp., Boston, 1902–05; Instr. in Pathol., Harv., 1902–05; Asst. Visit. Phys., Long Island Hosp., Boston, 1905; in charge of med. students, M. G. H., 1905–07; Instr. in Theory and Practice

## REGISTER OF PRESENT MEMBERS OF THE STAFF

of Physic, Harv., 1905-07; Asst. Prof. in Theory and Practice of Physic, *ibid.*, 1907-08; Phys.-in-Chief, Carney Hosp., Boston, 1907-12; Dean, Faculty of Med. and of Med. Sch., Harv., 1908-12; Fellow, Am. Acad.; Corr. Mem., Wiener Gesellschaft. f. innere Medizin, etc.; formerly Major, M. R. C., U. S. Army (on leave of absence Oct. 1, 1919-Oct. 1, 1920, as Chairman, Div. of Med. Sciences, Nat'l Research Council, Washington, D. C.); Hersey Prof., Theory and Practice of Physic, Harv.; *Phys.-in-Chief, P. B. B. H.*

### CHRISTIAN, JR., THOMAS D.

M.D., Harv., 1923; Med. H. O., B. C. H.; *Asst. Res. Phys., P. B. B. H., Jan. 1, 1925-Nov. 15, 1925; Jr. Assoc. in Med., ibid., Nov. 15, 1925-Oct. 1, 1926*; in practice, Greensboro, N. C.

### COLBY, FLETCHER H.

S.B., Dartmouth, 1914; M.D., Harv., 1918; served with B. C. H. unit, Evacuation Hosp. No. 110, during war; Surg. Interne, M. G. H., 1919-21; Ludlow-Jute Co., Ltd., Calcutta, India, 1921-23; *Vol. Grad. Asst., P. B. B. H., Oct. 23, 1923-Dec. 31, 1923; Asst. Res. Surg., ibid., Jan. 1, 1924-Jan. 1, 1925; Jr. Assoc. in Urol., ibid., Jan. 22, 1925-Oct. 1, 1926*; Asst. Urologist, M. G. H.; Asst. in G. U. Surg., Harv.

### CONNOR, CHARLES LLOYD

Univ. Pittsburgh, 1913-17; M.D., Baylor Univ., Coll. of Med., 1920; Interne, St. Joseph's Hosp., Pittsburgh, 1920-21; Gen. Practice, Montana, 1921-23; Fellow in Med., Nat. Research Council, 1923-25; Research Fellow, Pathol., Harv., 1923-25; Instr. in Pathol., *ibid.*, 1925; *Res. Pathol., P. B. B. H., Sept. 1, 1925-Sept. 1, 1926*; Acting Director, Pathological Laboratories, Montreal General Hosp. (leave of absence from Harvard, 1926-27).

### COULTER, A. BARLIE

A.B., Catholic Univ. of America, 1918; M.D., Johns Hopkins, 1924; Asst., Trudeau Sanatorium, Saranac, 1924-25; Asst. in Med., Royal Victoria Hosp., Montreal, 1925-26; *Jr. Assoc. in Med., P. B. B. H.*

### CURTISS, ARTHUR NILES

A.B., Oberlin Coll., 1918; M.D., Syracuse Univ., 1923; Instr. in Physiol., Coll. of Med., Syracuse Univ., 1918-24; substitute practice, summer, 1923; *Med. H. O., P. B. B. H., Nov. 1, 1924-Mar. 1, 1926*; Instr. in Med., Univ. Hosp., Syracuse, N. Y.; in practice, Syracuse, N. Y.

### CUSHING, HARVEY

A.B., Yale, 1891; A.M. and M.D., Harv., 1895; Hon. F.R.C.S., London, 1913, and Ireland, 1918; Hon. A.M., Yale, 1913; Hon. M.D., Queen's Univ., Bristol, 1918; D.Sc., Washington Univ., 1915, and Yale, 1919; LL.D., Western Reserve Univ., 1919, and Univ. of Cambridge, Eng., 1920; House Pupil, M. G. H., 1895-96; Res. Surg., J. H. H., 1896-1900; successively Asst. Instr. and Assoc. Prof. in Surg., Johns Hopkins, 1898-1912; Fellow, Am. Acad., 1914; Mem. Wash. Acad. Sciences, 1916; Director, U. S. Army, Base Hosp. No. 5, 1916-19; Col., M. C., U. S. Army; Companion of the Bath; D.S.M., Chev. Leg. D'Honneur; Mem. Nat'l Acad. Sciences, 1917; Stud., St. Bartholomew's Hosp., 1922; Mickle

## PETER BENT BRIGHAM HOSPITAL

Fellow, Univ. of Toronto, 1922; Cameron Prize, Univ. of Edinburgh, 1924; Moseley Prof. of Surg., Harv.; *Surg.-in-Chief, P. B. B. H.*

### DAVIDOFF, LEO MAX

2 yrs. pre-med. work, Harv.; M.D., *ibid.*, 1922; Stud. Interne, Boston Psychopathic Hosp., April, 1921–June, 1922; Pediatric Serv., B. C. H., July–Nov., 1922; Med. Serv., New Haven Hosp., Nov. 1, 1922–Nov. 1, 1923; *Vol. Grad. Asst., P. B. B. H., Nov. 1, 1923–March 1, 1924; Surg. H. O., P. B. B. H., March 1, 1924–June 20, 1925; Surg.*, MacMillan Arctic Expedition, June 20, 1925–Oct. 1, 1925; *Vol. Grad. Asst. in Surg., P. B. B. H., Oct. 6, 1925–Nov. 1, 1925; Asst. Res. Surg., ibid., Nov. 1, 1925–Oct. 1, 1926.*

### DAY, HILBERT FRANCIS

Ph.B., Yale, 1901; M.D., Harv., 1905; Surg. H. O., B. C. H., 1905–07; House Phys., Boston Lying-In Hosp., 1907–08; 3d Asst. Visit. Surg., B. C. H. (Gynecol. Dept.), 1908–09; 4th Asst. Visit. Surg., B. C. H., 1909; District Phys., Boston Disp., 1909–12; Asst. to Surgs., Boston Disp., 1911–12; Surg., Maverick Disp., E. Boston, 1913–14; Asst. Surg., Boston Disp., 1912–14; Surg., *ibid.*, 1914–19; 1st Asst. Surg., Beth Israel Hosp., 1917–18; Asst. in Surg., Harv., 1919–21; Instr. in Surg., *ibid.*; *Surg.-in-Chief, Boston Disp.; Visiting Surg., Cambridge Hosp.; Assoc. in Surg., P. B. B. H.*

### DAYTON, THEODORE READ

A.B., Amherst, 1916; M.D., Harv., 1925; *Surg. H. O., P. B. B. H.*

### DENNY, GEORGE PARKMAN

A.B., Harv., 1909; M.D., *ibid.*, 1913; *Med. H. O., P. B. B. H., June 1, 1913–July 1, 1914; Vol., Lab. of Physiol. Research, Johns Hopkins, 1914–15; Capt., M. C., U. S. Army; Alumni Asst. in Med., Harv., 1915–16; Phys. to Med. Students, *ibid.*; Attend. Phys., Channing Home, Boston; Assoc. Chief, Med. Dept., Boston Disp.; Director of Scholarships, Harv.; Assoc. in Med., P. B. B. H.*

### DOEGE, PAUL FREDERICK

Univ. of Wis., 1917–20; Western Reserve Univ., 1920–22; M.D., Harv., 1926; *Pathol. H. O., P. B. B. H., Oct. 1, 1926–Jan. 1, 1927.*

### EMERY, JR., EDWARD STANLEY

A.B., Harv., 1916; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., Nov. 1, 1920–March 1, 1922; H. O., X-ray Dept., ibid., July 1, 1922–July 1, 1923; Stud. in Clin. of Dr. Sippy, Presbyterian Hosp., Chicago, 1923–24; Asst. in Med., Harv.; Phys. to Boston Disp.; Jr. Assoc. in Med., P. B. B. H., April 24, 1924–May 10, 1926; Assoc. in Med., *ibid.**

### FALK, EMIL A.

A.B., Univ. of Minn., 1921; M.D., Harv., 1925; *Med. H. O., P. B. B. H., July 1, 1925–Nov. 1, 1926; Pathol. Dept., B. C. H.*

### FALLON, JOHN

A.B., Holy Cross, 1919; M.D., Harv., 1923; Asst. in Anat., Harv., 1923–25; Surg. H. O., St. Vincent Hosp., Worcester, 1924–25; *Surg. H. O., P. B.*

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*B. H., March 1, 1925–July 1, 1926; Fellow in Surg., Mayo Clin., Rochester, Minn.*

### FETNER, L. M.

M.D., Med. Coll. of Va., 1915; in practice, Charlotte, N. C.; *H. O. Roentgenology, P. B. B. H.*

### FITZ, REGINALD

A.B., Harv., 1906; M.D., *ibid.*, 1909; Med. House Pupil, M. G. H., 1910–11; Vol. Asst. in Pharmacol. and in Med. Clinic, J. H. H., 1911–12; *Sr. Med. H. O., P. B. B. H., Nov. 1, 1912–July 1, 1913; Asst. Res. Phys., ibid., July 1, 1913–Sept. 1, 1915 (granted leave of absence to Dec. 31, 1916); Fellow in Physiol., Harv., 1914–15; Asst. Res. Phys., Rockefeller Inst. Hosp., New York City; Major, M. C., U. S. Army, 1917–19; Assoc. in Med. and Act. Res. Phys., East Med. Serv., M. G. H., 1919–20; Mayo Clinic and Mayo Foundation, 1920–22; *Phys., P. B. B. H.**

### FOLIN, OTTO

S.B., Univ. of Minn., 1892; Ph.D., Univ. of Chicago, 1898; Sc.D., Washington Univ., 1915; Sc.D., Univ. of Chicago, 1916; Hon. M.D., Lund, 1918; Mem. Nat. Acad., 1916; Stud., Univs. of Sweden and Germany, 1897 and 1898; Asst. Prof. of Physiol. Chem., Univ. of W. Va., 1899–1900; Research Chem., McLean Hosp., Waverley, 1900–08; Assoc. Prof. of Biol. Chem., Harv., 1907–09; Hamilton Kuhn Prof. of Biol. Chem., *ibid.*; Chem., M. G. H.; *Consult. Chem., P. B. B. H.*

### FORT, JR., LYNN

B.S., Univ. of Ga., 1921; M.D., Emory Univ., 1925; Interne, Cincinnati Gen. Hosp., July, 1925–Feb., 1926; *Surg. H. O., P. B. B. H.*

### FROTHINGHAM, CHANNING

A.B., Harv., 1902; M.D., *ibid.*, 1906; Med. H. O., B. C. H., 1906–07; Asst. Visit. Phys., Carney Hosp., O. P. D., Boston, 1908–12; Sec'y, Faculty of Med., Harv., 1908–13; Asst. in Theory and Practice of Physic, *ibid.*, 1908–12; Instr. in Med., *ibid.*, 1913–22; Lieut. Col., M. C., U. S. Army, June 1, 1917–Dec. 5, 1918; Asst. Prof. in Med., Harv.; Chairman, Dept. of Med., *ibid.*; *Physician, P. B. B. H.*

### FULTON, MARSHALL N.

Ph.B., Brown Univ., 1920; Rhodes Scholar, Oxford; A.B., Oxford Univ., 1922; M.D., Johns Hopkins, 1925; *Med. H. O., P. B. B. H.*

### GERMAN, WILLIAM J.

A.B., Univ. of Calif., 1922; M.A., *ibid.*, 1923; M.D., Harv., 1926; *Surg. H. O., P. B. B. H.*

### GRABFIELD, GUSTAVE PHILIP

A.B., Williams, 1912; M.D., Harv., 1915; Teaching Fellow, Dept. of Pharmacol., *ibid.*, 1915–16; *Med. H. O., P. B. B. H., March 1, 1916–June 17, 1917; Capt., M. C., U. S. Army, 1917–19; Asst. in Roent., Univ. of Mich. Hosp., 1919–20; Instr. in Pharm., Harv., 1920–21; Asst. in Pharm., *ibid.*, 1921–22; Instr. in Pharm. and Asst. in Med., *ibid.*; Jr. Assoc. in Med., P. B. B. H., July 1, 1922–Nov. 12, 1925; Assoc. in Med., *ibid.**

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### GRAHAM, WILLIAM RANDOLPH

M.D., Med. Coll. of Va., 1925; Interne, Johnston-Willis Hosp., Richmond, Va., 1925-26; *Jr. Assoc. in Med.*, *P. B. B. H.*

### GREENE, THEODORE C.

A.B., Harv., 1920; M.D., *ibid.*, 1924; Asst. in Pathol., Johns Hopkins, Sept., 1924-Jan., 1925; *Surg. H. O.*, *P. B. B. H.*, Mar. 1, 1925-July 1, 1926; Presbyterian Mission, Peking, China.

### GUNDERSEN, TRYGVE

M.D., Harv., 1926; *Surg. H. O.*, *P. B. B. H.*

### HAIGHT, L. CAMERON

A.B., Univ. of Calif., 1923; M.D., Harv., 1926; *Surg. H. O.*, *P. B. B. H.*

### HALL, FRANCIS C.

Litt.B., Princeton, 1913; M.D., Harv., 1917; H. O., M. G. H., 1918; M. C., U. S. Army, 1918-19; Asst. Visit. Phys. and Visit. Phys. to O. P. D., M. G. H., 1920-22; *Assoc. in Med.*, *P. B. B. H.*

### HERRMANN, LOUIS G.

A.B., Univ. of Mich., 1920; M.D., Wash. Univ. Med. Sch., 1924; Interne, Maryland Gen. Hosp., Baltimore, July 1, 1924-March 1, 1925; *Med. H. O.*, *P. B. B. H.*, March 1, 1925-July 1, 1926; Asst. Res. Surg., Lakeside Hosp., Cleveland, Ohio.

### HIGBEE, DANIEL RIGGS

A.B., Col. Coll., 1920; M.D., Harv., 1923; Med. H. O., M. G. H., Mar., 1924-Nov., 1925; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1925-Mar. 1, 1927.

### HOMANS, JOHN

A.B., Harv., 1899; M.D., *ibid.*, 1903; House Pupil, M. G. H., 1903-04; Asst. in Hunterian Lab., Johns Hopkins, 1908-09; Vol. Asst. Surg., Children's Hosp., Boston, 1909-10; Surg., M. G. H., O. P. D., 1910-12; Asst. in Surg., Harv., 1910-13; Surg., Boston Dispensary, 1913-14; Assoc. in Surg., Harv., 1914-15; Major, M. C., U. S. Army, 1918-19; Instr. in Surg., Harv.; *Surg.*, *P. B. B. H.*

### HORRAX, GILBERT

A.B., Williams, 1909; M.D., Johns Hopkins, 1913; *Surg. H. O.*, *P. B. B. H.*, July 1, 1913-Nov. 1, 1914; Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, Harv., 1914-15; *Asst. Res. Surg.*, *P. B. B. H.*, 1915-16; Res. Surg., M. G. H., 1916-17; Major, M. C., U. S. Army, 1917-19; Instr. in Surg. and Chairman, Dept. of Surg., Harv.; Neurol. Surg., Children's Hosp., Boston; *Assoc. in Neurol. Surg.*, *P. B. B. H.*

### HOWLAND, JOSEPH BRIGGS

M.D., Harv., 1896; Surg. House Pupil, M. G. H., 1896-97; Asst. Phys., State Hosp., Tewksbury, Mass., 1898-1901; Asst. Supt., *ibid.*, 1901-02; Supt., State Colony for the Insane, Gardner, Mass., 1902-07; Asst. Res. Phys., M. G. H., 1907-17; Asst. Administrator, *ibid.*, 1908-17; Act. Administrator and Res. Phys., *ibid.*, 1917-19; Pres., American Hosp. Assoc., 1919-20; Mem. Mass. State Bd. of Reg. of Nurses, 1919-24; Pres., N. E. Hosp. Assoc., 1921-22; Trustee, *ibid.*; Lecturer, Hosp. Adm., Harv.; Supt., *P. B. B. H.*

## REGISTER OF PRESENT MEMBERS OF THE STAFF

### HOYT, LYMAN HOWARD

B.S., Univ. of Iowa; M.D., *ibid.*, 1925; Interne, Univ. Hosp., Iowa City, 1925-26; *Asst. Res. Phys.*, *P. B. B. H.*

### HUDSON, RICHARD T.

B.S., Univ. of Louisville, 1920; M.D., *ibid.*, 1924; 1 yr. rotating interne-ship, Louisville City Hosp.; Asst. Res. Surg., Louisville City Hosp.; *H. O., Roentgenology*, *P. B. B. H.*, Aug. 1, 1926-Oct. 12, 1926.

### HUGGINS, HARRISON D.

Univ. of Oregon Med. School, 2 yrs.; M.D., Harv., 1926; Substitute H. O., House of Good Samaritan; *Med. H. O.*, *P. B. B. H.*

### HUMISTON, HOMER W.

B.S., Univ. of Ill., 1923; M.D., Harv., 1925; *Med. H. O.*, *P. B. B. H.*, July 1, 1925-Nov. 1, 1926; Fellow in Surg., Mayo Clin., Rochester, Minn.

### INGRAHAM, FRANC DOUGLAS

A.B., Harv., 1922; M.D., *ibid.*, 1925; *Surg. H. O.*, *P. B. B. H.*, July 1, 1925-Nov. 1, 1926; Fellow in Surg., Johns Hopkins Univ.

### JACKSON, HOWARD BURR

A.B., Harv., 1915; M.D., *ibid.*, 1919; *Med. H. O.*, *P. B. B. H.*, March 15, 1919-April 1, 1920; H. O., Surg. and Obstet. Services, Mass. Homœopathic Hosp., 1920; *Vol. Asst., Med. Serv.*, *P. B. B. H.*; Asst. Phys. to Out-Patients, M. G. H.; Phys., Boston Dispensary; in practice, Jamaica Plain, Mass.

### KENT, HAROLD A.

H.D.S., 1919; Asst. to Dr. Miner, Prof. of Oral Surg. and Dean, H.D.S.; Instr. Oral Surg., H.D.S.; *Dental Surg.*, *P. B. B. H.*

### KINNEY, KENNETH K.

M.D., Univ. of Iowa, 1921; Surg. Interne, 1 yr., Seattle Gen. Hosp.; private practice, 3 yrs.; *H. O., X-ray Dept.*, *P. B. B. H.*, Oct. 1, 1925-April 1, 1926; *Asst. Res. Roent.*, April 1, 1926-Oct. 1, 1926.

### LEVINE, SAMUEL ALBERT

A.B., Harv., 1911; M.D., *ibid.*, 1914; *Assoc. in Med.*, *P. B. B. H.*, July 1, 1914-July 1, 1915; *Med. H. O.*, *ibid.*, July 1, 1915-Nov. 1, 1916; Moseley Travelling Fellow Harv., 1916-17; Asst., Rockefeller Inst. Hosp., N. Y., 1916-17; Capt., M. C., U. S. Army, 1917-19; Instr. in Med., Harv.; Consult. Phys., Boston Psychopathic Hosp., 1921-24; Phys. to Boston Dispensary; *Assoc. in Med.*, *P. B. B. H.*

### LIEBMAN, CHARLES

Ph.B., Yale, 1917; M.D., Harv., 1921; X-ray Dept., Base Hosp., Camp Devens; X-ray Dept., Mass. Eye and Ear Inf.; X-ray Dept., New Haven Hosp.; *X-ray H. O.*, *P. B. B. H.*, June 1, 1921-July 1, 1922; Roent-genologist, Children's Hosp., Boston; Asst. Roent., Beth Israel Hosp., Boston; *Vol. Grad. Asst., X-ray Service*, *P. B. B. H.*

### MACMILLAN, STUART FORBES

B.S., Union College, Schenectady, N. Y., 1920; M.D., Albany Med. College, 1925; Interne, Albany Hosp., 1925-26; *Pathol. H. O.*, *P. B. B. H.*

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### MACPHERSON, DONALD JOHN

B.S., Univ. of Rochester, 1911; M.D., Harv., 1915; *Med. H. O., P. B. B. H., July 1, 1915–Nov. 1, 1916; Asst. Res. Phys., ibid., Nov., 1916–June 22, 1917*; Capt., M. C., U. S. Army, 1917–19; *Assoc. in Med., P. B. B. H.*

### MANN, ALBERT HOWELL

M.D., Tulane Univ., 1926; *Med. H. O., P. B. B. H.*

### MASON, B. HENRY

M.D., Bowdoin, 1907; Gen. Internship, Maine Gen. Hosp., 1907–08; Asst. Phys., State Asylum, Worcester, Aug., 1908–Nov., 1913; in practice, Portland, Me., 1913–14; Asst. Phys., Worcester State Hosp., Feb., 1914–May, 1914; Asst. Supt., *ibid.*, May, 1914–June 18, 1918; Act. Supt., *ibid.*, June 18, 1918–April 1, 1921; Neuro-Psychiatrist, Advisory Board A and B, Worcester, Mass., during draft; Asst. Director, Psychopathic Hosp., Ann Arbor, Mich., April, 1921–Jan., 1923; Neuro-Psychiatrist, U. S. V. B.; Instr. in Psychiatry, Univ. of Mich. Med. Sch., 1921–23; *First Asst. Supt., P. B. B. H.*

### MASSEE, JOSEPH C.

B.S., John B. Stetson Univ., 1922; M.D., Harv., 1925; *Med. H. O., P. B. B. H.*

### MCLEAN, ARTHUR JOHN

A.B., Reed Coll., Portland, Ore., 1921; M.D., Johns Hopkins, 1925; *Surg. H. O., P. B. B. H., July 1, 1925–Nov. 1, 1926; Assoc. in Surg., ibid.*

### MINOT, GEORGE R.

A.B., Harv., 1908; M.D., *ibid.*, 1912; Med. H. O., East Med. Serv., M. G. H., July, 1912–Dec., 1913; Asst. Res. Phys., Johns Hopkins, 1913–14; Asst. in Med., Johns Hopkins, 1914–15; Special Research Worker, Johns Hopkins, 1914–15; Asst. in Med., Harv., 1915–18; Asst. in Med., M. G. H., 1915–18; Asst. in Chem., Harv., 1915–16; Dalton Scholar, M. G. H., 1916–20; Visit. Phys., St. Luke's Convalescent Home, Boston, 1916–18; Assoc. in Med., M. G. H., 1918–23; Asst. Consult. Phys., Huntington Mem. Hosp., 1917–19; Phys., *ibid.*, 1919–23; Contract Surg., U. S. A., Sept., 1917, and Sept. 15–Nov. 10, 1918; Consult. Phys., Mass. Eye and Ear Infirmary, 1922–24; Phys. to Special Clinic, M. G. H., 1923–25; Asst. Prof. of Med., Harv.; Phys. and Chief of Med. Labs., Huntington Mem. Hosp.; Special Consult. in Diseases of the Blood, M. G. H.; *Assoc. in Med., P. B. B. H.*

### MONROE, ROBERT THORNHILL

A.B., Univ. of Mich., 1918; M.D., *ibid.*, 1924; *Med. H. O., P. B. B. H., July 1, 1924–Nov. 1, 1925; Asst. Res. Phys., ibid., Nov. 1, 1925–Sept. 1, 1926; Asst. in Med., Harv.; Assoc. in Med., P. B. B. H.*

### MURPHY, WILLIAM P.

A.B., Univ. of Ore., 1914; M.D., Harv., 1922, as of 1920; H. O., R. I. Hosp., 1920–22; *Vol. Grad. Asst., P. B. B. H., summer of 1921; Asst. Res. Phys., ibid., 1922–23; Proctor Research Fellow, Harv.; Instr. in Med., ibid.; Jr. Assoc. in Med., P. B. B. H., July 10, 1923–May 10, 1926; Assoc. in Med., ibid.*

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### NEWTON, FRANCIS CHANDLER

A.B., Amherst, 1915; M.D., Harv., 1919; *Surg. H. O., P. B. B. H.*, March 15, 1919–July 1, 1920; *Asst. Res. Surg.*, *ibid.*, July 1, 1920–Sept. 1, 1921; *Res. Surg.*, *ibid.*, Sept. 1, 1921–July 1, 1923; *Jr. Assoc. in Surg.*, *ibid.*, July 1, 1923–Sept. 15, 1923; Asst. in Surg., Harv., 1920–23; Moseley Trav. Fellow, *ibid.*, 1923–24; Vol. Asst., Phys. Inst., Berne, Switzerland, 1923–24; Instr. in Surg., Harv.; *Assoc. in Surg., P. B. B. H.*

### NEWTON, HARLAN FAY

A.B., Yale, 1916; M.D., Harv., 1920; *Pathol. H. O., B. C. H.*, 1920–21; *Surg. H. O., P. B. B. H.*, Nov. 1, 1921–March 1, 1923; *Asst. Res. Surg.*, *ibid.*, Oct. 1, 1923–July 1, 1924; *Res. Surg.*, *ibid.*, July 1, 1924–Oct. 1, 1926; Austin Teach. Fellow in Surg., Harv.; Workman Fellow, Harv.

### O'HARE, JAMES PATRICK

A.B., Harv., 1908; M.D., *ibid.*, 1911; *Med. H. O., B. C. H.*, So. Dept., 1911; *Med. H. O.*, Carney Hosp., Boston, 1912–13; Fellow in Med., Harv., 1913–15; Asst. Visit. Phys., Carney Hosp., 1913–15; Asst. Visit. Phys., *B. C. H.*, 1915–17; Asst. in Med., Harv.; *Act. Phys., P. B. B. H.*, Aug. 1, 1917–Feb. 1, 1918, and April 1, 1918–Jan. 1, 1919; *Assoc. in Med., P. B. B. H.*

### PEABODY, FRANCIS WELD

A.B., Harv., 1903; M.D., *ibid.*, 1907; House Pupil, M. G. H., 1907–08; Asst. Res. Phys., J. H. H., 1908–09; Fellow in Pathol., Johns Hopkins, 1909–10; Stud. of Chem., Univ. of Berlin, Germany, 1910; Asst. Res. Phys., Hosp. of Rockefeller Inst., 1911–12; Asst., Rockefeller Inst., 1911–12; *Res. Phys., P. B. B. H.*, Nov. 1, 1912–Sept. 1, 1915 (granted leave of absence March 1, 1914–Jan. 1, 1915, to serve as a member of the China Medical Commission of the Rockefeller Foundation); *Asst. Visit. Phys., P. B. B. H.*, Sept. 1, 1915–Dec. 9, 1915; Alumni Asst. in Med., Harv., 1913–15; Asst. Prof. of Med., *ibid.*, 1915–19; Consult. Phys., Collis P. Huntington Mem. Hosp., Boston; *Phys., P. B. B. H.*, Dec. 9, 1915–Sept. 1, 1921 (leave of absence Aug. 1, 1917–Feb. 1, 1918, to serve as a member of the American Red Cross Comm. to Roumania); Major, M. C., U. S. Army, 1918–19; Assoc. Prof. of Med., Harv., 1920–21; Prof. of Med., *ibid.*; Visit. Phys., *B. C. H.*; Director, Thorndike Lab., *ibid.*; Member, China Medical Board, Rockefeller Foundation; Member, Board of Scientific Directors, Rockefeller Inst.; *Consult. Phys., P. B. B. H.*

### PINKERTON, HENRY

S.B., M. I. T., 1918; M.D., Harv., 1924; *Pathol. H. O., P. B. B. H.*, July 1, 1924–July 1, 1925; Res. Pathol., Children's Hosp., Boston, July, 1925–July, 1926; *Res. Pathol., P. B. B. H.*

### POTTER, WILLIAM HENRY

A.B., Harv., 1878; D.M.D., *ibid.*, 1885; Mem. Am. Acad. of Dental Science; Demonstr. in Operative Dentistry, Harv., 1887–88; Clin. Lecturer, *ibid.*, 1890–96; Lect., *ibid.*, 1896–1900; Asst. Prof., *ibid.*, 1900–04; Dental Surg., "Ambulance American Hospital in Paris," 1914–15; 1st Lieut., Major, and Lieut. Col., Dental Corps, U. S. Army, 1917–19; Prof.

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of Operative Dentistry, Harv.; Member, American College of Dentists; in practice, Boston; *Consult. Dental Surg., P. B. B. H.*

**POTTS, JR., WILLIAM HENRY**

A.B., Univ. of Texas, 1922; M.D., Harv., 1926; *Med. H. O., P. B. B. H.*

**POWERS, JOHN HOWARD**

A.B., Bates, 1919; B.A., Oxon, 1923; M.D., Harv., 1925; *Surg. H. O., Lakeside Hosp., Cleveland, Ohio, 1925–26; Asst. Res. Surg., P. B. B. H.*

**PUTNAM, TRACY JACKSON**

A.B., Harv., 1915; M.D., *ibid.*, 1920; Asst. Res. Pathol., J. H. H., 1920–21; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1923–Oct. 1, 1924; Moseley Travelling Fellow, Harv., 1925; Arthur Tracy Cabot Fellow, *ibid.*, 1925–26; Assoc. in Surg., P. B. B. H.*

**QUINBY, WILLIAM CARTER**

A.B., Harv., 1899; M.D., *ibid.*, 1902; House Pupil, M. G. H., 1902–03; Asst. G. U. Surg., Boston Disp., 1907–09; Asst. Surg., N. E. Baptist Hosp., Boston, 1908–14; in charge of Experimental Surg., Brady Clin., J. H. H., 1914–16; Assoc. in Urol., *ibid.*, 1915–16; Asst. Prof., G. U. Surg., Harv.; *Urol. Surg., P. B. B. H.*

**RAGSDALE, LUNNEY VARNON**

A.B., Univ. of Ala., 1917; M.D., Harv., 1924; *2d Asst. Supt., P. B. B. H., June 1, 1924–Dec. 15, 1924; Med. H. O., ibid., Dec. 15, 1924–March 1, 1926; in practice, Birmingham, Alabama.*

**READ, JAMES S.**

B.A., Vanderbilt Univ., 1921; M.D., *ibid.*, 1924; Interne, Louisville City Hosp., 1924–26; *Asst. Res. Phys., P. B. B. H.*

**RICHARDS, LYMAN G.**

A.B., Harv., 1916; M.D., *ibid.*, 1919; in Smyrna with Near East Relief, 1919; *Surg. H. O., St. Luke's Hosp., New York, 1920–22; Mass. Eye and Ear Infirmary, Ear, Nose and Throat Serv., 1922–24; Chief in Otolaryngology, Children's Hosp., Boston; Assoc. in Otolaryngology, New England Deaconess Hosp.; Consultant in Otolaryngology, Union Hosp., Fall River; Permanent Staff, Baptist Hosp., Boston; Assoc. in Otolaryngology, P. B. B. H.*

**RIDDLE, MATTHEW C.**

B.A., Reed College, 1917; M.A., Univ. of Oregon, 1922; M.D., Harv., 1926; 4 mos. service, Huntington Mem. Hosp., March–June, 1926; *Med. H. O., P. B. B. H.*

**RIOCH, DAVID M.**

B.A., Butler Coll., Indianapolis, 1920; M.D., Johns Hopkins, 1924; *Surg. H. O., P. B. B. H., Nov. 1, 1924–Mar. 1, 1926.*

**ROONEY, JAMES S.**

Univ. of Calif., 1917–21; M.D., Harv., 1926; *Pathol. H. O., P. B. B. H., Jan. 1, 1926–Oct. 1, 1926; Res. Pathol., Long Island Hosp., Boston; Asst. in Pathol., Harv.*

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### ROOT, HOWARD FRANK

A.B., Harv., 1913; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H.*, Feb. 13, 1919–Jan. 1, 1920; Clin. Lab., J. H. H., 1920; Asst. Phys., N. E. Deaconess Hosp.; *Assoc. in Med., P. B. B. H.*

### SCHLESINGER, MONROE J.

B.S., Coll. City of N. Y., 1912; Ph.D., Harv., 1920; M.D., *ibid.*, 1926; Asst., N. Y. H. D. Research Lab., 1912–14; Asst. Bacteriol., West Penn. Hosp., Pittsburgh, 1914–17; Asst. in Preventive Med. and Hygiene, *ibid.*, 1917–20; Instr., *ibid.*, 1920–22; Asst. in Pathol., *ibid.*, 1922–23; Research Asst. in Pathol., *ibid.*, 1923–25; *H. O. Pathol., P. B. B. H.*, July 1, 1925–July 1, 1926; Res. Pathol., Children's Hosp., Boston; Instr. in Pathol., Harv.

### SCHNECK, ROBERT J.

M.D., Harv., 1925; Interne, St. Luke's Hosp., Chicago, 1925–26; *Med. H. O., P. B. B. H.*

### SCHOLEFIELD, BERNARD GRAHAM

B.A., Oxford, 1921; M.A., B.M., B.C.L., *ibid.*, 1923; Stud., St. Peter's College, Westminster, London, 1912–17; 2nd Lieut., Royal Engineers, 1917–19; Student, Guy's Hosp., London, 1922–23; House Surgeon, *ibid.*, 1924–25; Commonwealth Fund Fellow, Johns Hopkins Univ., 1925–27; *Asst. Res. Surg., P. B. B. H.*

### SHRADER, JOHN C.

B.S., Univ. of Iowa, 1920; M.D., *ibid.*, 1922; Med. Interne, Univ. Hosp., Iowa, 1922–23; Hosp. Chem., *ibid.*, 1923–24; *Asst. Res. Phys., P. B. B. H.*, July, 1924–Aug., 1926; Chief Res., Emory Div., Grady Hospital, Atlanta, Ga.

### SIMPSON, SUTHERLAND E. R.

A.B., Cornell, 1921; M.D., Harv., 1925; *Med. H. O., P. B. B. H.*, Mar. 1, 1926–Aug. 1, 1926.

### SOSMAN, MERRILL

A.B., Univ. of Wis., 1913; M.D., Johns Hopkins, 1917; Res. Phys., Soldiers' Home Hosp., Washington, D. C., 1917–18; entered U. S. A., M. C.; Army Med. Sch., X-ray Dept., Walter Reed Hosp., 1919–21; X-ray Dept., M. G. H., 1921; Consult. Roent., C. P. Huntington Mem. Hosp.; Consult. Roent., Peabody Home for Crippled Children; *Roentgenologist, P. B. B. H.*

### STEVENS, WILLIAM B.

M.D., Harv., 1924; Asst. Res., Thorndike Lab., B. C. H., 1924–25; Interne, 4th Med. Service, *ibid.*, 1925–26; *Asst. Res. Phys., P. B. B. H.*

### STURGIS, CYRUS CRESSEY

B.S., Univ. of Wash., 1913; M.D., Johns Hopkins, 1917; *Med. H. O., P. B. B. H.*, Oct. 15, 1917–Aug. 22, 1918; 1st Lieut., M. C., U. S. Army, 1918–19; *Asst. Res. Phys., P. B. B. H.*, Aug. 25, 1919–April 15, 1920; *Res. Phys., ibid.*, April 15, 1920–Aug. 1, 1922; *Assoc. in Med., ibid.*, Aug. 1, 1922–Sept. 1, 1925; Fac. Instr. in Med., Harv., Sept. 1, 1922–Sept. 1, 1925; Asst. Prof. Med., *ibid.*, Sept. 1, 1925; Assoc. Phys., C. P. Huntington Hosp., Sept. 1, 1925–Jan. 1, 1926; *Physician, P. B. B. H.*

## PETER BENT BRIGHAM HOSPITAL

### TEEL, CHARLES E.

M.D., Washington Univ., 1923; Surg. Interne, New Haven Hosp., 1923–24; H. O., M. G. H., 1924–25; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1925–June 22, 1926*; Asst. in Genito-Urinary Surg., Harv., 1925–26; in practice, Bellingham, Wash.

### VASTINE, JACOB H.

M.D., Univ. of Pa., 1923; Interne, Easton Hosp., Easton, Pa., 1923–24; Gen. Practice, 1 yr.; *H. O., X-ray Dept., P. B. B. H., Aug. 1, 1925–Feb. 1, 1926*; *Asst. Res. in Roent., ibid., Feb. 1, 1926–June 15, 1926*; in practice, Philadelphia, Pa.

### WALKER, ISAAC CHANDLER

A.B., Johns Hopkins, 1905; M.D., *ibid.*, 1909; Grad. Stud., Lab. of Theory and Practice of Physic, Harv., 1910–11; Med. H. O., Carney Hosp., Boston, 1910–11; Lect. on Clin. Microscopy and Phys. Diag., Univ. of Iowa, 1911–12; Stud. of Prof. Morawitz, Freiburg, Germany, 1912; Research, Rockefeller Hosp., N. Y., 1912; *Sr. Med. H. O., P. B. B. H., Nov. 1, 1912–March 1, 1913*; *Asst. Res. Phys., ibid., March 1, 1913–March 1, 1914*; *Act. Res. Phys., ibid., March 1, 1914–Jan. 1, 1915*; *Asst. Res. Phys., ibid., Jan. 1, 1915–March 1, 1915* (granted leave of absence from *March 1, 1915–Sept. 1, 1915*); Med. Chief, Hosp. A<sup>b</sup>. 32<sup>bis</sup> Passy Yonne, France, 1915; Asst. in Pharmacol., Harv.; Alumni Asst. in Med., *ibid.*; *Act. Phys., P. B. B. H., Aug. 1, 1917–Feb. 1, 1918, and April 1, 1918–Dec. 16, 1918*; Asst. Prof. of Med., Harv., 1918–19; *Assoc. in Med., P. B. B. H.*

### WHITAKER, LESTER R.

M.D., Harv., 1923; Surg. H. O., New Haven Hosp., 1923–24; *Vol. Grad. Asst. in Pathol., P. B. B. H., April 1–July 11, 1924*; *Assoc. in Surg., ibid., July 11, 1924–Sept. 1, 1925*; Arthur Tracy Cabot Fellow, Harv., 1924–25; *Asst. Res. Surg., P. B. B. H.*

### WILSON, CHARLES P.

A.B., Reed Coll., Portland, Ore., 1920; M.D., Johns Hopkins, 1924; *Med. H. O., P. B. B. H., March 1, 1925–July 1, 1926*; Asst. Res. Phys., Vanderbilt Univ., Nashville, Tenn.

### WOLBACH, SIMEON BURT

Stud., Harv., 2 yrs.; M.D., *ibid.*, 1903; 2d Asst. in Pathol., B. C. H., 1903–04; 1st Asst. in Pathol., *ibid.*, 1904–05; 2d Asst. Visit. Pathol., *ibid.*, 1905–08; Pathol., Long Island Hosp., Boston, 1905–08; Pathol., Boston Floating Hosp., 1905–08; Pathol., Mass. Infants' Asylum, 1905–08; Asst. in Pathol., Harv., 1905–06; Instr. in Pathol., *ibid.*, 1906–08; Adjunct Prof. of Pathol. and Bacteriol., Albany Med. Coll., 1908–09; Director, Bender Hygienic Lab., Albany, N. Y., 1908–09; Pathol., Albany City Hosp., 1908–09; Pathol., St. Peter's Hosp., Albany, 1908–09; Pathol., St. Margaret's House, Albany, 1908–09; Lecturer in Pathol., McGill Univ., 1909–11; Director, Histol. Lab., *ibid.*, 1909–11; Director, Montreal Gen. Hosp. Lab., 1909–11; Asst. Prof. of Bacteriol., Harv., 1910–14; Assoc. Prof. of Bacteriol., *ibid.*, 1914–16; Pathol., Children's Hosp., Boston; Fellow, Am. Acad. of Arts and Sciences, 1914; Visit. Pathol.,

## REGISTER OF PRESENT MEMBERS OF THE STAFF

Children's Hosp., Boston, 1915; Corr. Mem., Société de Pathologie Exotique, Paris; Commander, Order of Polonia Restituta; Shattuck Prof. Pathol. Anat., Harv.; *Pathol., P. B. B. H.* (*on leave of absence Jan. 1, 1920–Aug. 1, 1920, in charge of Typhus Research Hosp., Poland*).

### WOOD, NATHANIEL KNIGHT

A.B., Harv., 1897; M.D., *ibid.*, 1901; H. O., B. C. H., 1902–04; H. O., Boston Lying-In Hosp., 1904; Visit. Phys., Carney Hosp., O. P. D., 1907–12; Visit. Phys., Boston Consumptives' Hosp., O. P. D., 1909–17; Phys., Boston Disp., 1912–18; *Assoc. in Med., P. B. B. H.*

### WRIGHT, LESLIE H.

M.D., Univ. of Vt., 1918; H. O., Naval Hosp., Chelsea, 1918–19; Transport Serv., May 1, 1919–Sept. 1, 1919; Asst. Phys., Conn. State Hosp., Sept., 1919–July, 1920; Private Practice, July, 1920–May, 1922; Pathol., Monson State Hosp., May, 1922–Dec., 1924; Asst. in Hosp. Adm., Harv. Sch. Public Health; *Second Asst. Supt., P. B. B. H.*

### ZINSSER, HANS

A.B., Columbia, 1899; A.M., M.D., *ibid.*, 1903; Asst. Prof. Bacteriol., Leland Stanford, 1910–11; Prof., *ibid.*, 1911–13; Prof. Bacteriol., Columbia Univ., 1913; Bacteriol., Presbyterian Hosp.; Prof. of Bacteriol., Harv.; *Consult. Bacteriol., P. B. B. H.*

## Register of Former Members of the Staff

### ADAMS, FRANK DENNETTE

Litt. B., Princeton, 1913; M.D., Harv., 1917; Med. H. O., M. G. H., 1917-18; 1st Lieut., M. C., U. S. Army, 1918-19; *Pathol. H. O., P. B. B. H.*, Oct. 1, 1919-March 15, 1920; *Act. Res. Pathol.*, *ibid.*, March 15, 1920-July 1, 1920; Res. Phys., B. C. H., 1920-1922; Lect. in Med., Univ. of N. C., Extension Div., 1922 and 1923; H. O., So. Dept., B. C. H., 1922; Assoc. in Therapeutics, Geo. Washington Univ.; Instr. in Med., George-town Univ., 1923; Phys. to Out-Patients, M. G. H.; Asst. in Med., Harv.; in practice, Boston.

### ALEXANDER, HARRY LOUIS

A.B., Williams, 1910; M.D., Columbia, 1914; H. O., Presbyterian Hosp., N. Y., 1914-16; *Asst. Res. Phys., P. B. B. H.*, Sept. 15, 1916-July 6, 1917; Major, M. C., U. S. Army; Instr. in Med., Cornell, 1919-24; Asst. Adjunct Attend. Phys., 2d Med. Div., Bellevue Hosp., N. Y., 1919-24; Attend. Phys. and Visit. Pathol., Overlook Hosp., Summit, N. J., 1920-24; Chief of Asthma Dept., Cornell Pay Clin., N. Y., 1921-24; Assoc. Prof. Med., Washington Univ., and Assoc. Phys., Barnes Hosp., St. Louis.

### ALTNOW, HUGO OSKAR

M.D., Univ. of Mich., 1907; Interne and Asst. Surg., Northern Pac. Ry. Hosp., Brainerd, Minn., 1907-09; Surg., Northern Pac. Ry., and Private Practice, Mandan, N. D., 1909-24; Visit. Phys., Mandan Deaconess Hosp., 1919-24; Grad. Asst. in Neurol., O. P. D., M. G. H., May 1-July 1, 1924; *Vol. Grad. Asst. in Med., P. B. B. H.*, April 1-July 11, 1924; *Jr. Assoc. in Med., ibid.*, July 11, 1924-July 1, 1925; Asst. in Med., Dept. of Med., Univ. of Minn.; in practice, Minneapolis, Minn.

### ARMSTRONG, WILBER P.

A.B., Univ. of Ill., 1920; M.D., Harv., 1923; Interne, Fifth Ave. Hosp., N. Y.; *Surg. H. O., P. B. B. H.*, Jan. 6, 1925-July 1, 1925; in practice, Springfield, Ill.

### ATWATER, REGINALD MYERS

A.B., Colorado Coll., 1914; M.D., Harv., 1918; C.P.H., Johns Hopkins, 1920; Dr. P.H., *ibid.*, 1921; *Med. H. O., P. B. B. H.*, March 1, 1918-April 15, 1919; Dept. of Hygiene, Hunan-Yale College of Med., Changsha, Hunan, China; Inst. Epidemiology, Harv. Sch. Public Health.

### BAGLEY, JR., CHARLES

M.D., Univ. of Md., 1904; A.B., Loyola, 1911; Asst. Res. Phys., Univ. Hosp., Baltimore, 1904-05; Asst. Res. Surg., *ibid.*, 1905-06; Med. Supt., Hebrew Hosp., Baltimore, 1906-10; *Asst. Res. Surg., P. B. B. H.*, Jan. 1,

## REGISTER OF FORMER MEMBERS OF THE STAFF

1913-Jan. 1, 1914; Major, M. C., U. S. Army, 1917-19; Visit. Surg., Hebrew Hosp., Church Home and Infir., St. Agnes' Hosp., Bon Secours Hosp., and Union Mem. Hosp., Baltimore; Consult. Surg., Baltimore Eye, Ear and Throat Charity Hosp., Emergency Hosp., Annapolis, Md., Presbyterian Eye, Ear and Throat Charity Hosp., Baltimore, Alleghany Hosp., Cumberland, Md., and Waynesboro Hosp., Waynesboro, Pa.; Assoc. in Exper. Neurol., Johns Hopkins; Asst. Psychiatrist, J. H. H., Baltimore; Consult. Neuro-Surgeon, U. S. P. H. S.; in practice, Baltimore.

### BALDWIN, LOUIS B.

Litt.B., Princeton, 1915; M.D., Columbia, 1919; Interne, Presbyterian Hosp., N. Y., April, 1919-July, 1920; Interne, Sloane Hosp., N. Y., Sept., 1920-Dec., 1920; Assoc. in Med., Presbyterian Hosp., N. Y., Jan., 1921-July, 1921; *Vol. Grad. Asst. in Med., P. B. B. H., Oct. 25, 1921-Mar. 28, 1922; Asst. Res. Phys. (acting) ibid., Dec. 20, 1921-Feb. 1, 1922*; Instr. in Med. and Asst. Phys., Strong Mem. Hosp., Rochester, N. Y.; Phys., Rochester Gen. Hosp.; Phys., Baden St. Disp., Rochester.

### BALYEAT, RAY MORTON

A.B., Oklahoma Univ., 1912; B.S., *ibid.*, 1915; M.A., *ibid.*, 1916; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., Nov. 1, 1916-Oct. 1, 1919*; Instr. in Med., Univ. of Oklahoma Med. School; Consult. Phys., St. Anthony's Hosp. and State Univ. Hosp., Oklahoma City; in practice, Oklahoma City, Okla.

### BARROW, WILLIAM HULBERT

A.B., Harv., 1908; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., Nov. 1, 1916-June 17, 1917*; Capt., M. C., U. S. Army; Med. Advisor, Middlesex School, Concord, Mass., 1921-22; Med. Advisor and Prof. of Phys. Education, Stanford Univ.; Asst. Clin. Prof. Med., *ibid.*

### BECK, CLAUDE S.

A.B., Franklin and Marshall College, 1916; Grad. Sch., Univ. of Pittsburgh, 1916-17; M.D., Johns Hopkins, 1921; Res. H. O., J. H. H., 1921-22; Asst. Res. Surg., New Haven Hosp., 1922-23; Arthur Tracy Cabot Fellow, Harv., and *Assoc. in Surg., P. B. B. H., 1923-24*; in charge Surg. Lab., Western Reserve Univ., Cleveland, Ohio, 1924-25; Instr. in Surg., Western Reserve Med. School; Res. Surg., Lakeside Hosp., Cleveland, 1925-26; Asst. Prof. Surg., Western Reserve Univ. School of Med.; Asst. Surg., Lakeside Hosp.

### BELT, A. ELMER

M.D., Univ. of Cal., 1920; Fellow, Hooper Research Laboratories, *ibid.*; Asst. in Urol. Surg., Univ. Hosp., for a year; *Asst. Res. Surg., P. B. B. H., July 1, 1922-July 1, 1923*; in practice, Los Angeles.

### BENET, GEORGE

Student for 3 yrs., Univ. of S. C., and Univ. of Va.; M.D., Harv., 1913; *Med. H. O., P. B. B. H., June 1, 1913-July 1, 1914*; Sr. Surg. H. O., St. Luke's Hosp., Chicago, July 1, 1914-Jan. 1, 1915; Lab. Asst., Harv. Unit, Am. Ambulance Hosp., Paris, France, 1915; Surg. at French Hosp. near Annel, 1915-16; Capt. and Asst. Surg., 2d Harv. Unit, B. E. F., France, 1916; Res. Phys., Collis P. Huntington Mem. Hosp., 1916-17; Surg.,

## PETER BENT BRIGHAM HOSPITAL

Fulham Military Hosp., London, England, 1917; M. R. C., U. S. Army, 1917-18; Capt., M. C., U. S. Army; Battalion Med. Officer to 16th Devons Infantry Reg., (British) 1918; Awarded British Military Cross, 1918; Fellow, American College of Surgeons; Asst. Visit. Surg., Richland Co. Hosp.; Chief Surg., South Carolina State Hosp.; in practice, Columbia, S. C.

### BENTON, ROY WILMOT

Ph.B., Brown Univ., 1918; M.D., Harv., 1922; *Med. H. O., P. B. B. H., Nov. 1, 1922–March 1, 1924*; H. O., New York Nursery and Child's Hosp., 1924-25; H. O., Providence City Hosp., 1925; Resident Phys., *ibid.*, 1925-26; Asst. Supt., *ibid.*

### BERGLUND, HILDING

M.D., Univ. of Stockholm, 1916; S.D., *ibid.*, 1920; Asst. Phys., Stockholm Hosp., 1915-19; Asst. Prof. Int. Med., Univ. of Stockholm, 1920; *Asst. Res. Phys., P. B. B. H., July 5, 1921–Sept. 1, 1923*; Asst. Prof. Medicine, Harv.; *Assoc. in Med., P. B. B. H., Sept. 1, 1923–Nov. 1, 1925*; Prof. of Med., Univ. of Minn., and Chief, Dept. of Med., Univ. Hosp.

### BERRY, FRANK BROWN

A.B., Harv., 1914; M.D., *ibid.*, 1917; Pathol. H. O., B. C. H., July-Dec., 1917; *Med. H. O., P. B. B. H., Jan. 9, 1918–March 1, 1918*; 1st Lieut. and Capt., M. C., U. S. Army, 1918-19; 1st Asst. Pathol., B. C. H., 1919-20; Surg. H. O., Presbyterian Hosp., N. Y., 1920-21; Practicing Med., Providence, R. I., 1921-23; Res. Surg., Bellevue Hosp., N. Y., 1923-24; Instr. in Surg., Columbia; Adjunct Attend. Surg., Bellevue Hosp.; Asst. Surg., Polyclinic Hosp., N. Y.; in practice, New York City.

### BLAKE, FRANCIS GILMAN

A.B., Dart., 1908; M.D., Harv., 1913; *Med. H. O., P. B. B. H., July 1, 1913–Nov. 1, 1914*; *Asst. Res. Phys., ibid., Nov. 1, 1914–Sept. 1, 1915*; *Res. Phys., ibid., Sept. 1, 1915–Oct. 1, 1916*; Moseley Travelling Fellow (Harv.), 1916-17; Asst., Rockefeller Inst. Hosp., 1916-17; Asst. Prof. of Med., Univ. of Minn., 1917-19; Visit. Phys., Elliott Mem. Hosp., Univ. of Minn., 1917-19 (leave of absence Feb. 11, 1918-July 1, 1919); *Assoc. in Med., Rockefeller Inst. Hosp., 1919–20*; *Assoc. Mem. in Med., Rockefeller Inst. Hosp., 1920–21*; Mem., Board Scientific Directors, Rockefeller Inst. for Med. Research; John Slade Ely Prof. of Med., Yale Univ., School of Med.; Phys.-in-Chief, New Haven Hosp., New Haven, Conn.

### BLOSSER, HAROLD L.

A.B., Grinnell Coll., Grinnell, Iowa; M.D., Harv., 1925; *Pathol. H. O., P. B. B. H., Jan. 1, 1925–Jan. 1, 1926*; Grad. Asst. Roent., M. G. H., 1926; Surg. H. O., Lakeside Hosp.

### BLUMGART, HERRMANN

B.S., Harv., 1917; M.D., *ibid.*, 1921; *Med. H. O., P. B. B. H., July 1, 1921–Nov. 1, 1922*; Moseley Travelling Fellow, 1923-24; Asst. in Med., Thorndike Mem. Lab., B. C. H.; Asst. in Med., Harv.

### BOEHM, JULIUS BENJAMIN

B.S., St. Louis Univ., 1910; M.D., Johns Hopkins, 1914; *Surg. H. O., P. B. B. H., Nov. 1, 1914–Nov. 1, 1915*; Res. Surg., Greenpoint Hosp.,

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Brooklyn, N. Y., 1915–18; Surg. Serv., Walter Reed Hosp.; in practice, Brooklyn, N. Y.

### BOGGS, ARTHUR GORDON

A.B., Dart., 1915; M.D., Harv., 1919; *Surg. H. O., P. B. B. H., March 15, 1919–July 1, 1920*; New Haven Hosp., New Haven, Conn.; Med. Missionary, Clough Mem. Hosp., Ongole, So. India.

### BOOTHBY, WALTER MEREDITH

A.B., Harv., 1902; M.D., *ibid.*, 1906; A.M., *ibid.*, 1907; European clinics for 8 mos., 1907–08; Surg. H. O., B. C. H., 1908–09; Asst. in Anat., Harv., 1910–14; Asst. in Anesthesia, Harv. Grad. School of Med., 1912–13; Sheldon Travelling Fellow, Harv. (Oxford Univ., largely); Anesthetist, B. C. H., 1912; *Supervisor of Anesthesia, P. B. B. H., Dec. 11, 1913–Nov. 14, 1916*; Lect. on Anesthesia and Instr. in Anat., Harv., 1914–16; Capt. and Major, M. C., U. S. Army, 1917–19; Assoc. Prof. of Med., Mayo Foundation, Univ. of Minn.; Head of Sect. of Clin. Metabolism, Mayo Clinic, Rochester, Minn.

### BOYD, DOUGLAS

Univ. of Ga.; M.D., Harv., 1922; H. O., Robert Brigham Hosp., Boston, 1921–22; Asst. Res. Phys., Boston Sanatorium, 1922–23; *Surg. H. O., P. B. B. H., March 1, 1923–July 1, 1924*; *Act. Asst. Res. Surg., ibid., July 1, 1924–Aug. 1, 1924*; Asst. in Med., Rockefeller Inst., 1924–25; Asst. Res. Phys., Hosp. of Rockefeller Inst.; Asst. Res. Surg., Lakeside Hosp., 1925–26; Res. Orthopedic Surg., Rainbow Hosp., Cleveland, Ohio, 1926; practice, Orthopedic Surg., Chicago, Ill.

### BREWSTER, ALBERT H.

B.A., Univ. of Va., 1914; M.D., J. H. M. S., 1918; M. C., U. S. Army, 1917–19; Children's Hosp. Sch., Baltimore, Md., 1919–20; *Surg. H. O., P. B. B. H., Feb. 15, 1920–July 1, 1921*; Orthopedic Service, Children's Hosp., Boston; Instr., Orthopedic Surg., Harv.; Visit. Orth. Surg., N. E. Peabody Home for Crippled Children; and Industrial School for Crippled and Deformed Children; in practice, Boston.

### BRIGHAM, FERDINAND

A.B., Tufts Coll., 1912; D.M.D., H.D.S., 1915; *Dental Surg., P. B. B. H., March 13, 1919–Jan. 20, 1920*; Capt., R. A. M. C., 1915–19; Degree, Dental Surg., Fac. of Med., Paris; in practice, 95 Ave. des Champs Elysees, Paris.

### BRITTINGHAM, HAROLD HIXON

A.B., Yale, 1916; M.D., Harv., 1920; *Med. H. O., P. B. B. H., July 1, 1920–Nov. 1, 1921*; *Asst. Res. Phys., ibid., Nov. 15, 1921–Dec. 6, 1921*; Demonstr. Physiol., Western Reserve Univ., 1922–23; Demonstr. in Med., *ibid.*, 1923–24 and 1925–27; Asst. Visit. Phys., Cleveland City Hosp.; in practice, Cleveland, Ohio.

### BROWN, WILLIAM EUSTIS

Ph.B., Lafayette Coll., 1909; C.P.H., Harv.–M. I. T., Sch. of Public Health, 1915; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., Oct. 15, 1921–Feb. 20, 1922*; Surg.-in-Chief, N. J. Zinc Co. Hosp., Franklin, N. J., 1922–

## PETER BENT BRIGHAM HOSPITAL

24; Assoc., Indust. Health Conservancy Lab., Cincinnati, Ohio; Asst. Prof. Preventive Med., Med. Dept., Univ. of Cinn., 1924-26; Assoc. Prof. Preventive Med., *ibid.*

### BRYANT, JOHN

A.B., Harv., 1903; Asst. Res. Surg., Free Hosp. for Women, Brookline, 1905-06; M.D., Harv., 1907; Instr. in Pathol. and Neuropathol., *ibid.*, 1907-08; Surg. House Pupil, M. G. H., 1908-10; Research in Europe, 1912, 1913, and 1914; Asst. in Anat., Harv., 1913; Grad. Asst., M. G. H., O. P. D., 1915-16; Asst. to Phys.-in-Chief, Robert B. Brigham Hosp., 1915-16; *Vol. Asst., P. B. B. H., July, 1916-Jan., 1917; Assoc. in Med., ibid., Jan. 1, 1917-Jan. 1, 1918*; Major, M. C., U. S. Army, 1917-19; Med. Asst. in Problems of Convalescence, M. G. H.; in practice, Boston.

### BUCK, ROBERT WILLIAM

A.B., Butler Coll., 1914; A.M., Columbia, 1915; M.D., Harv., 1921; Asst. Res., Boston Hosp. for Consumptives, 1921; *Med. H. O., P. B. B. H., Nov. 1, 1921-March 1, 1923*; H. O., Boston Lying-In Hosp., 1923; Assoc. Chief, Med. Dept., Boston Disp.; Asst. in Med., M. G. H., in practice, Boston.

### BURLINGHAM, LOUIS HERBERT

A.B., Yale, 1902; M.D., Johns Hopkins, 1906; House Pupil, M. G. H., 1906-07; Asst. Res. Phys., *ibid.*, 1907-12; Asst. Adm., *ibid.*, 1912; *1st Asst. Supt., P. B. B. H., Oct. 19, 1912-April 30, 1917; Curator, ibid., May 8, 1913-May 10, 1917*; Lect. on Hosp. Adm., Washington Univ. Med. Sch.; Assoc. Editor, Modern Hosp.; Supt., Barnes Hosp., St. Louis, Mo.; Administrator, St. Louis Children's Hosp., 1917-25; Mem., Med. Council to U. S. Vet. Bureau.

### CADBURY, WILLIAM WARDER

A.B., Haverford, 1898; A.M., *ibid.*, 1899; M.D., Univ. of Pa., 1902; Res. Phys., Pa. Hosp., 1903-05; Stud. in Vienna, 1905; Instr. in Pathol. and Pharmacodynamics, Univ. of Pa., 1906-07; Pathol., St. Mary's Hosp., Philadelphia, 1906-07; Pathol., Henry Phipps Inst. for the Study, Treatment and Prevention of Tuberculosis, 1908-09; Visit. Phys., Free Hosp. for Poor Consumptives, White Haven, Pa., 1908-09; *Asst. Res. Phys., P. B. B. H., Nov. 1, 1915-March 1, 1916*; College Phys., Lingnan Univ., Canton, China.

### CARR, GLADYS LYDIA

M.D., Tufts, 1906; H. O., N. E. Hosp. for Women and Children, 1906-07; Asst. on Maternity Staff, *ibid.*, 1907-08; Gen. Practice, Boston, 1907-08; Private Practice, Lynn, 1908-14; Head of Roent. and Electrotherapeutic Depts., N. E. Hosp. for Women and Children; *Roentgenologist, pro tempore, P. B. B. H., June 1, 1914-Feb. 1, 1916; Roentgenologist, ibid., Feb. 1, 1916-Oct. 31, 1917*; Roentgenologist, American Comm. for Relief in the Near East, Asia Minor; Roentgenologist, Finley Hosp., Dubuque, Iowa.

### CARTER, JR., DAVID WENDEL

A.B., Southwestern Univ., 1909; A.M., *ibid.*, 1910; M.D., Johns Hopkins, 1914; H. O., Clifton Springs Sanitarium, 1914; *Med. H. O., P. B. B. H.,*

## REGISTER OF FORMER MEMBERS OF THE STAFF

*Jan. 4, 1915–July 1, 1916; Asst. Res. Phys., J. H. H., 1916–17; Res. Phys. in charge of Private Wards, *ibid.*, 1917–18; 1st Lieut., M. C., U. S. Army, 1917–19; Visit. Phys., Parkland Hosp., Dallas; Assoc. Prof. of Med., Baylor Univ., Dallas; Mem. Staff, Baylor Hosp.; in practice, Dallas, Texas.*

### CARTY, JOHN RUSSELL

B.S., Princeton, 1917; M.D., Cornell, 1921; House Phys., N. Y. Hosp., 1921–23; *X-ray H. O., P. B. B. H., July 1, 1923–July 1, 1924*; Asst., Dept. of Radiology, M. G. H., Apr.–Oct., 1925; Chief of Clin. in Roent., Cornell Univ. Med. Sch. Clin., N. Y.; Instr. Roentgenology, *ibid.*

### CHASE, HENRY MELVILLE

S.B., Dart., 1897; M.D., Harv., 1901; House Pupil, M. G. H., 1901–02; Asst. Surg., Boston Disp., 1906–14; Surg., Boston Disp.; Surg., Berkeley Infirmary; *Assoc. in Surg., P. B. B. H., Nov. 17, 1914–July 11, 1919*; in practice, Boston.

### CHELEY, GLEN EVAN

A.B., Colorado Coll., 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., July 1, 1920–Nov. 1, 1921*; H. O., Boston Lying-In Hosp., 1921–22; Instr. in Surg., Colorado Med. Sch.; Surg. to Out-Patients, Colorado Gen. Hosp.; in practice, Denver, Colorado.

### CLARK, BURTON

B.S., Univ. of Wis., 1921; M.D., Harv., 1923; *Surg. H. O., P. B. B. H., June 15, 1924–Nov. 1, 1925*.

### COBB, STANLEY

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Surg. H. O., P. B. B. H., July 1, 1914–July 1, 1915*; Vol., Lab. of Physiol. Research, Johns Hopkins, 1915–16; Asst. in Physiol., *ibid.*; Asst. in Psychiatry, *ibid.*, 1916–17; Asst. in Psychiatry and Physiol. of the Nervous System, *ibid.*; Asst. Psychiatrist, *ibid.*, 1917–18; Assoc. in Psychiatry, *ibid.* (on leave of absence); 1st Lieut., M. C., U. S. Army, 1917–19; Asst. Neurol., M. G. H., 1919–20; Dalton Scholar, *ibid.*; Instr. in Neurol. and Physiol., Harv., 1919–23; Asst. Neurol., M. G. H.; Asst. Prof. of Neuropathol., Harv., 1923; Rockefeller Fellow in Europe, 1923–25; Assoc. Prof. Neuropathol., Harv., 1926; Prof. Neuropathol., *ibid.*

### COOK, WARD HANCE

A.B., Univ. of Kans., 1909; A.M., *ibid.*, 1910; Fellow in Zoölogy, *ibid.*, 1909–10; Instr. in Embryology and Histology, *ibid.*, 1910; M.D., Harv., 1914; *Med. H. O., P. B. B. H., July 1, 1914–July 10, 1915*; 2d Asst. in Pathol., B. C. H., 1915–16; 1st Asst. in Pathol., *ibid.*, 1916–17; Pathol., Long Island Hosp., Boston, 1917–21; Instr. in Pathol., Harv., 1917–21; Prof. of Pathol., Med. Coll. of Va., Richmond, Va., 1921–24; Assoc. Director, Wm. H. Singer Mem. Research Lab., Pittsburgh, Pa.; Pathol., N. Y. Post Grad. Med. School and Hosp.

### COUNCILMAN, WILLIAM THOMAS

M.D., Univ. of Md., 1878; Stud., Univs. of Vienna and Leipzig; Hon. A.M., Harv., 1899; Hon. A.M., Johns Hopkins, 1902; LL.D., Univ. of Md., 1907; LL.D., McGill Univ., 1911; Asst. Prof. in Anat., Johns Hop-

## PETER BENT BRIGHAM HOSPITAL

kins, 1890-91; Shattuck Prof. of Pathol. Anatomy, Harv., 1892; Emeritus Prof., *ibid.*; *Consult. Pathol.*, *P. B. B. H.*, March 25, 1912-Aug. 14, 1913; *Pathol.*, *ibid.*, Aug. 14, 1913-Dec. 1, 1916 (granted leave of absence from Nov. 9, 1916-Dec. 1, 1916); Mem., Dr. Hamilton Rice's Expedition to South America; Fellow, Am. Acad., 1895; Mem., Nat. Acad. of Sciences, 1904; Fellow, Philosophical Society, Phila., 1918.

### CRISLER, JR., JOSEPH AUGUSTUS

B.S., Univ. of Va., 1917; M.D., Harv., 1921; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1921-March 1, 1923; in practice, Memphis, Tenn.

### CROCKETT, EUGENE ANTHONY

*Act. Consult. Otologist and Laryngologist*, *P. B. B. H.*, June 13, 1918-Dec. 31, 1919.

### CUNNINGHAM, THOMAS DONALD

B.S., Dart., 1913; M.D., Harv., 1918; House Pupil, M. G. H., 1917-18; *Asst. Res. Phys.*, *P. B. B. H.*, March 1, 1919-July 1, 1920; House Pupil, Children's Med. Serv., M. G. H., 1920-21; Mem., Med. Staff, Denver City and County Hosp., St. Joseph's Hosp., St. Luke's Hosp., and Children's Hosp., Denver, Colo.; Staff, Colorado Gen. Hosp.; Instr. in Med., Univ. of Col.; in practice, Denver, Colo.

### CURTIS, ROBERT DUDLEY

A.B., Harv., 1914; M.D., *ibid.*, 1918; *Med. H. O.*, *P. B. B. H.*, July 1, 1918-July 1, 1919; Pediatric H. O., M. G. H., 1918; Asst. Visit. Phys., *ibid.*, O. P. D., 1919; Med. Director, Boston Baby Hygiene Assoc.; Asst. in Pediatrics, Harv.

### CUTLER, ELLIOTT CARR

A.B., Harv., 1909; M.D., *ibid.*, 1913; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1913-March 1, 1915; Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, 1915; Res. Surg., M. G. H., 1915-16; Alumni Asst. in Surg., Harv., 1915-16; Vol. Asst., Rockefeller Inst., N. Y., 1916-17; Major M. C., U. S. Army; D.S.M., 1917-19; Instr. in Surg., Harv., 1921-24; *Res. Surg.*, *P. B. B. H.*, Aug. 1, 1919-Sept. 1, 1921; *Assoc. in Surg.*, *ibid.*, Sept. 1, 1921-July 1, 1924; Chairman, Dept. of Surg., and Director of Lab. of Surg. Research, Harv., 1922-24; Prof. of Surg., Western Reserve Univ. Med. Sch., and Chief Surg., Lakeside Hosp., Cleveland, Ohio.

### DAVIDSON, LEONARD TOMB

B.S., Oberlin, 1912; M.D., Johns Hopkins, 1919; *Med. H. O.*, *P. B. B. H.*, Sept. 15, 1919-Nov. 1, 1920; Asst. Res. Phys., Presbyterian Hosp., N. Y., 1920-21; Res. Phys., St. Louis Children's Hosp., St. Louis, 1921-23; Pediatrician Asst., Diseases of Children, Col. Physicians and Surgeons, N. Y.

### DAVIS, LOYAL

M.D., Northwestern Univ., 1918; M.S., *ibid.*, 1921; Ph.D. in Surg., *ibid.*, 1923; Nat. Research Council Fellow, 1922-24; *Vol. Grad. Asst. in Surg.*, *P. B. B. H.*, Sept., 1923-March, 1924; *Jr. Assoc. in Surg.*, *ibid.*, March, 1924-Oct. 1924; Assoc. Prof. Surg., Chief, Neuro-Surg. Div., Director,

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Lab. Exp. Research, Northwestern Univ. Med. School; Attend. Neurol. Surg., Wesley Mem. Hosp., Chicago; Attend. Surg., Cook Co. Hosp., Chicago.

### DAWSON, ROGER PAUL

A.B., Holy Cross, 1907; M.D., Harv., 1911; Med. H. O., Carney Hosp., Boston, 1911-12; *Med. H. O., P. B. B. H., Nov. 1, 1912-Nov. 1, 1913*; Fellow in Med., Harv., 1914-15; Phys., Carney Hosp., O. P. D., 1914-15; *Assoc. in Med., P. B. B. H., July 1, 1915-Dec. 31, 1916*; Asst. Phys., Boston Disp., O. P. D.; Phys. to O. P. D., M. G. H.; Asst. in Med., Harv.; in practice, Boston.

### DEAN, JR., ARCHIE LEIGH

B.S., Cornell, 1913; M.D., *ibid.*, 1917; *Surg. H. O., P. B. B. H., May, 1917-Feb., 1918*; 1st Lieut., M. C., U. S. Army, 1918-19; in practice, New York City.

### DERICK, CLIFFORD L.

M.D., McGill Univ., 1918; H. O., Montreal Gen. Hosp., Sept., 1919-Sept., 1922; Fellow, Nat. Research Council; *Vol. Grad. Asst., P. B. B. H., Sept. 25, 1922-Sept. 1, 1923*; *Asst. Res. Phys., ibid., Sept. 1, 1923-July, 1924*; Asst. in Med. and Research Fellow in Bio-Chemistry, Harv., 1922-24; Asst. Res. Phys., Rockefeller Hosp., New York.

### DEVAN, THOMAS ALAN

B.S., Rutgers, 1906; M.D., Johns Hopkins, 1910; H. O., Presbyterian Hosp., N. Y., 1911-13; *2d Asst. Supt., P. B. B. H., Aug. 1, 1913-May 1, 1917*; *1st Asst. Supt., ibid., May 1, 1917-July 1, 1919*; 1st Lieut., M. C., U. S. Army, Nov. 5, 1918-Dec. 6, 1918; College Phys. and Prof. of Hygiene, Rutgers Coll., New Brunswick, N. J., July, 1919-July, 1925; Asst. Director, Strong Mem. Hosp., Rochester, N. Y.

### DOCK, WILLIAM

B.S., Wash. Univ., 1920; M.D., Rush Med. Coll., 1922; *Med. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923*; *Asst. Res. Phys., ibid., Nov. 1, 1923-Nov. 1, 1924*; Grad. Stud., Vienna, Austria; Med. Res., Lane and Stanford Hosp., San Francisco, Calif.; Asst. Clin. Prof. Med., Stanford Univ.

### DONALD, DOUGLAS

B.S., Univ. of Mich., 1916; M.D., Harv., 1918; *Med. H. O., P. B. B. H., Feb. 12, 1918-March 1, 1919*; *Asst. Res. Phys., ibid., March 1, 1919-June 16, 1919*; Henry Ford Hosp., 1919-20; Instr. in Clin. Med., Detroit Coll. of Med.; in practice, Detroit, Mich.

### DOTT, NORMAN McOMISH

M.B., Ch.B., Edinboro; F.R.C.S., Edinboro; *Jr. Assoc. in Surg., P. B. B. H., Nov. 1923-June, 1924*; Surg., Royal Edinburgh Hosp. for Sick Children; Asst. Surg., Deaconess Hosp., Edinburgh; Lect. in Surg. Diseases of Children, Edinburgh Univ.

### DRINKER, CECIL KENT

B.S., Haverford, 1908; M.D., Univ. of Pa., 1913; Vol. Asst., Dept. of Pharmacology, Univ. of Pa. Med. Sch., 1913-14; *Med. H. O., P. B. B. H., March 1, 1914-July 1, 1915*; Asst. in Physiol., Johns Hopkins, 1915-16;

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Instr. in Physiol., Harv., 1916-18; *Res. Phys.*, *P. B. B. H.*, July 10, 1917-Oct. 15, 1917; Asst. Prof. Physiol., Harv., 1918-19; Assoc. Prof. Applied Physiol., *ibid.*, 1919-23; Asst. in Med., M. G. H., 1922; Asst. to the Visit. Phys., B. C. H., 1922-24; Prof. of Physiol., Harv.

### DRINKER, KATHERINE ROTAN

A.B., Bryn Mawr, 1910; M.D., Women's Med. Coll. of Pa., 1914; *Asst. Res. Phys.*, *P. B. B. H.*, July 7, 1917-Sept. 24, 1917; Research Worker in Physiol., 1914-15, 1916-17; *ibid.*, Johns Hopkins, 1915-16; Managing Ed., Journal Indust. Hygiene, 1918-21; Lect. in Hygiene, Bryn Mawr Coll., 1921-23; Research Worker in Physiol., Harv.

### EDSON, PHILIPS JOSIAH

A.B., Univ. of Cal., 1920; M.A., *ibid.*, 1921; M.D., *ibid.*, 1924; Stud. Interne, Hahnemann Hosp., summer 1922; Med. Officer to Sierra Club Outings, 1921-22; Interne, Yosemite Hosp., Cal., 1923; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1923-March 1, 1925; *H. O.*, X-ray Dept., *ibid.*, March 1, 1925-Sept. 1, 1925; in practice, Pasadena, Calif.

### EDWARDS, SUMNER

A.B., Bowdoin, 1910; Stud., Hebron Acad., Me., 1910-11; M.D., Harv., 1915; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1915-Jan. 6, 1916. Died Jan. 6, 1916.

### ELIOT, MARTHA MAY

A.B., Radcliffe, 1913; M.D., Johns Hopkins, 1918; *Med. H. O.*, *P. B. B. H.*, June 15, 1918-July 1, 1919; St. Louis Children's Hosp., 1919-20; Phys., Boston, Mass., 1920-21; Dept. of Pediatrics, New Haven Hosp., New Haven, Conn., 1921-23; Instr., Pediatric Dept., Yale, 1921-27; Director, Div. of Child Hygiene, U. S. Children's Bureau, Washington, D. C., 1924-27.

### ELKIN, DANIEL COLLIER

A.B., Yale, 1916; M.D., Emory Univ., 1920; Asst. Res. Surg., N. Y. Lying-In Hosp., 1920; *Surg. H. O.*, *P. B. B. H.*, March 1, 1921-July 1, 1922; *Asst. Res. Surg.*, *ibid.*, July 1, 1922-July 1, 1923; *Res. Surg.*, *ibid.*, July 1, 1923-Sept. 1, 1923; Asst. in Surg., Harv., 1923; Instr. in Surg., Emory Univ. Sch. of Med., 1924; Assoc. in Surg., *ibid.*; Surg., Steiner Mem. Clin., Grady Hosp., and Wesley Mem. Hosp., Atlanta; in practice, Atlanta, Ga.

### EVANS, JAMES A.

A.B., Univ. of Wis., 1917; M.D., Harv., 1920; Med. Interne, Barnes Hosp., St. Louis; Group Practice, 1 yr.; St. Frances Hosp., La Crosse, Wis.; June, 1922, holder of Scholarship in France under Professors Gilbert and Widal and Dr. Bensaude; *Asst. Res. Phys.*, *P. B. B. H.*, July 10, 1923-July 1, 1924; *Vol. Grad. Asst. in Roent.*, *ibid.*, July 1-Aug. 1, 1924; Asst. Preceptor in Med., Univ. of Wis. Med. School; in practice, La Crosse, Wis.

### FALLON, LOUIS

M.D., Univ. of Pa., 1916; *Surg. H. O.*, *P. B. B. H.*, July 1, 1916-Nov. 15, 1916; M. C., U. S. Army, 1918-19; Capt. with Base Hosp. 51 and 69 and Gen. Hosp. 31, Carlisle, Pa.; in practice, St. John's, Newfoundland.

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### FISHBACK, FRED C.

A.B., Harv., 1919; M.D., *ibid.*, 1922; H. O., St. Francis Hosp., Jersey City, N. J.; *Pathol. H. O., P. B. B. H.*, May 15, 1923–Feb. 1, 1924; 1 yr. at Women's Hosp., N. Y.; N. Y. Lying-In Hosp., 1925; Fellow in Surg., Mayo Clinic, Rochester, Minn.

### FISHER, RIVINGTON H.

M.B., Queen's Univ., 1915; M.D., *ibid.*; C.M., *ibid.*; *Asst. Res. Surg., P. B. B. H.*, July 13, 1923–Jan. 1, 1924.

### FISKE, SEYMOUR

A.B., Univ. of Wis., 1916; M.D., Univ. of Pa., 1920; *Vol. Asst. in Pathol., P. B. B. H.*, June 23, 1919–Sept. 21, 1919; *Med. H. O., ibid.*, April 1, 1920–July 1, 1921; Out-Patient Attend., Babies' Hosp., New York, 1921–22; Attend. Phys., Cornell Clin., 1921–23; Attend. Gastro-Enterologist, Vanderbilt Clin., New York, 1923–24; Chief, G. I. Clin., Midtown Hosp., New York, 1925–26; Asst. Attend. Phys., Lutheran Hosp. of Manhattan; Asst. Attend. Phys., Presbyterian Hosp., O. P. D., New York; in practice, New York.

### FLEMING, HOWARD

A.B., Univ. of Cal., 1914; M.D., *ibid.*, 1917; Med. and Surg. H. O., San Francisco Hosp. for 8 mos.; Capt., M. C., U. S. Army; Asst. Res. Surg., San Francisco Hosp., 1919; *Asst. Res. Surg., P. B. B. H.*, Dec. 20, 1919–Feb. 1, 1921; Instr. in Surg., Univ. of Cal.; Visit. Neuro-Surg., St. Luke's, Mt. Zion, and San Francisco Hospitals; in practice, San Francisco.

### FLEMING, LEROY NEWTON

A.B., Miami, 1910; M.D., Johns Hopkins, 1914; Asst. in Surg., *ibid.*, 1915; *Surg. H. O., P. B. B. H.*, Nov. 1, 1915–March 1, 1916; Special Stud., Univ. of Mich., 1915–16; Surg. Research, Detroit, Mich.

### FOLEY, FREDERIC E. B.

Ph.B., Yale, 1913; M.D., Johns Hopkins, 1918; Asst. in Pathol., *ibid.*, 1918–19; Lab. for Surg. Research, Harv., 1919–20; *Surg. H. O., P. B. B. H.*, March 1, 1920–July 1, 1921; Genito-urinary Surg., City and County Hosp., St. Paul, Minn.; Visit. Surg., Miller Hosp.; Urologist, *ibid.*; in practice, St. Paul, Minn.

### FORBES, HENRY STONE

A.B., Harv., 1905; Philippine Islands, 1905–06; M.D., Harv., 1911; Med. H. O., B. C. H., 1911–13; *Sr. Med. H. O., P. B. B. H.*, June 1, 1913–Nov. 1, 1913; Phys. for Men, Infirmary, Univ. of Cal., Berkeley, Cal., 1914–15; Am. Red Cross, Serbia, 1915–16; Asst. Phys., M. G. H., O. P. D.; Lieut. and Capt., M. C., U. S. Army, 1917–19; Research Work, Cancer Commission, Harv.; Lab. and Field Work, Div. Industrial Hygiene, *ibid.*; Hon. Research Fellow, Applied Physiol., Yale Univ., New Haven, Conn.; Research Work, Neuropathol., Harv.; Research Fellow Neuropathol., *ibid.*

### FOSTER, JOHN HESS

B.S., Colby, 1913; M.D., Univ. of Pa., 1917; *Med. H. O., P. B. B. H.*, July 1, 1917–June 15, 1918; 1st Lieut., M. C., U. S. Army, 1918–19; Instr. in Med., Hunan-Yale Coll. of Med., Changsha, China; Vol. Asst.,

## PETER BENT BRIGHAM HOSPITAL

Thorndike Mem. Lab., B. C. H., 1923-24; Asst. in Med., Harv., 1924; Asst. Prof. in Med., Hunan-Yale Coll. of Med., Changsha, China; Assoc. Prof. of Med., *ibid.*

### FOSTER, LEWIS CHANDLER

A.B., Univ. of Kansas, 1919; M.D., Harv., 1923; Substitute, Med. Serv., N. Y. Hosp., 2 mos., 1922; *Surg. H. O., P. B. B. H., July 1, 1923-Nov. 1, 1924.*

### FREMONT-SMITH, FRANK

M.D., Harv., 1921; *Pathol. H. O., P. B. B. H., July 1, 1921-July 1, 1922;* Med. H. O., B. C. H., 1922-23; Asst. in Neuropathol., Harv., 1923-24; Asst. in Neurol., M. G. H.; Asst. in Neuropathol., Harv., 1924-25 and 1925-26; John White Brown Scholar, Harv., 1924-25 and 1925-26.

### FREMONT-SMITH, MAURICE

A.B., Harv., 1913; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., March 1, 1918-Feb. 7, 1919;* in charge of hosp. at Sivas, Armenia, 1919-20; in practice, Boston.

### GABE, WILLIAM EDWIN

M.D., Harv., 1918; *Surg. H. O., P. B. B. H., March 1, 1918-March 31, 1919;* Instr. in Surg., Indiana Univ. Sch. of Med.; Visit. Staff in Gynecology, Indianapolis City Hosp.; Staff, Methodist Episcopal Hosp., and St. Vincent's Hosp., Indianapolis; in practice, Indianapolis, Indiana.

### GILE, HAROLD H.

A.B., Princeton, 1915; M.D., Columbia (Coll. of Phys. and Surgs.), 1922; Surg. Interne, Presbyterian Hosp., N. Y., 1922-24; *Vol. Grad. Asst. in Surg., P. B. B. H., May 20, 1924-Jan. 1, 1925;* Asst. Res. Surg., *ibid.*, Jan. 1, 1925-Nov. 1, 1925; Asst. Visit. Urologist, Presbyterian Hosp., N. Y.

### GOETSCH, EMIL

S.B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. and Assoc. in Anat., *ibid.*, 1904-08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908-09; Rush Med. Coll., 1906-07; M.D., Johns Hopkins, 1909; Asst. in Surg., *ibid.*, 1909-10; Asst. Res. Surg., *ibid.*, 1910-12; *Res. Surg., P. B. B. H., Sept. 1, 1912-Sept. 1, 1915;* Asst. in Surg., Harv., 1912-15; Assoc. in Surg., Johns Hopkins, 1915-18; Assoc. Prof. of Surg., *ibid.*, 1918-19; Prof. of Surg. and Surg.-in-Chief, Long Island Coll. Hosp., Brooklyn, N. Y.; in practice, Brooklyn, N. Y.

### GOLDEN, ROSS

A.B., Cornell (Mt. Vernon, Iowa), 1912; M.D., Harv., 1916; *Med. H. O., P. B. B. H., July 1, 1916-July 18, 1917;* Capt. and Major, M. C., U. S. Army, 1917-20; House Phys., X-ray Dept., M. G. H., 1920-21; *Asst. Res. Phys., P. B. B. H., July 1, 1921-April 15, 1922;* Visit. Phys., Roentgen-ray Dept., Presbyterian Hosp., New York; Asst. Prof. of Med., Columbia Univ.

### GOODALL, HARRY WINFRED

A.B., Dart., 1898; M.D., Harv., 1902; House Pupil, M. G. H., 1902-03; House Pupil, Boston Lying-In Hosp., 1903; *Assoc. in Med., P. B. B. H., Dec. 12, 1912-Dec. 31, 1917;* Lieut. Col., M. C., U. S. Army, 1917-19;

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Instr. in Med., Harv. Grad. Sch. of Med.; Phys., Boston Dispensary; Asst. Visit. Phys., N. E. Baptist Hosp.; in practice, Boston.

### GOODPASTURE, ERNEST WILLIAM

A.B., Vanderbilt, 1907; M.D., Johns Hopkins, 1912; Rockefeller Fellow in Pathol., Johns Hopkins, 1912-14; Pathol., Union Protest. Infirmary, Baltimore, 1913-14; Asst. Res. Pathol., J. H. H., 1913-14; Act. Res. Pathol., *ibid.*, 1914-15; Instr. in Pathol., Johns Hopkins, 1914-15; *Res. Pathol.*, *P. B. B. H.*, Sept. 1, 1915-Oct. 1, 1917; Asst. Prof. Pathol., Harv.; Fellow in Pathol., Cancer Comm., *ibid.*; Lieut. (j. g.) M. C., U. S. N. R. F.; *Act. Pathol.*, *P. B. B. H.*, Feb. 1, 1920-Aug. 15, 1920; Chief, Dept. of Pathol. and Bacteriol., Univ. of Philippines, 1922; Pathol., Phil. Gen. Hosp., Manila, 1922; Director, William H. Singer Mem. Research Lab., Pittsburgh, 1922-24; Scholarship, Gen. Education Board of the Rockefeller Found. Inst. for Gen. and Exp. Pathol., Vienna, 1924-25; Prof. of Pathol., Vanderbilt Univ.

### GORDON, BURGESS

A.B., Gonzaga Univ., 1912; M.D., Jefferson Med. Coll., 1919; Interne, Jefferson Hosp., 1919-21; *Asst. Res. Phys.*, *P. B. B. H.*, Sept. 15, 1921-Aug. 1, 1922; *Res. Phys.*, *ibid.*, Aug. 1, 1922-Sept. 1, 1925; Instr. in Med., Jefferson Med. Coll.; Asst. Med. Director, Dept. for Diseases of Chest, Jefferson Hosp., Phila.; in practice, Philadelphia, Pa.

### GRANT, SAMUEL BECKER

B.S., Washington Univ., 1918; M.D., *ibid.*, 1920; *Med. H. O.*, *P. B. B. H.*, Oct. 16, 1920-March 1, 1922; Med. H. O., J. H. H., March 1, 1922-May 1, 1922; *Asst. Res. Phys.*, *P. B. B. H.*, April 15, 1922-Sept. 15, 1923; Asst. in Clin. Med., Wash. Univ.; Asst. in Med., Barnes Hosp.; in practice, St. Louis, Mo.

### GRAVES, EDWIN G.

A.B., Univ. of Texas, 1920; M.D., Harv., 1924; *Med. H. O.*, *P. B. B. H.*, July 1, 1924-July 1, 1925; in practice, Houston, Tex.

### GRAVES, ROGER COLGATE

A.B., Syracuse Univ., 1913; M.D., *ibid.*, 1918; *Surg. H. O.*, *P. B. B. H.*, Aug. 15, 1918-Oct. 19, 1919; Asst. Res. Surg., New Haven Hosp., New Haven, Conn., 1919-20; *Asst. Res. Surg.*, *P. B. B. H.*, July 15, 1920-Aug. 1, 1921; *Assoc. in Surg.*, *ibid.*, Sept. 1, 1921-April, 1923; Cabot Fellow, Harv., in charge of Lab. of Surg. Research, Sept. 1, 1921-Sept. 1, 1922; Asst. Visit. Surg., Long Island Hosp.; Urologist, Carney Hosp.; in practice, Boston.

### GRAY, HORACE

A.B., Harv., 1909; M.D., *ibid.*, 1914; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1914-March 1, 1916; 1st Lieut., M. C., U. S. Army, 1917-19; Investigation in field of growth and diseases of metabolism and ductless glands, Chicago, Ill.

### GREEN, GEORGE F.

B.S., Univ. of Mich., 1922; M.D., *ibid.*, 1924; Asst. in Physiol., *ibid.*; *Vol. Grad. Asst. in Pathol.*, *P. B. B. H.*, July 1-Oct. 1, 1924; Asst. in Med.,

## PETER BENT BRIGHAM HOSPITAL

B. C. H., IV. Med. Serv.; *Jr. Assoc. in Pathol.*, *P. B. B. H.*, Oct. 1, 1924–Jan. 15, 1925; Fellow in Surg., Mayo Foundation.

### GREENE, JAMES A.

M.D., Harv., 1925; *Med. H. O.*, *P. B. B. H.*, Nov. 1925–March, 1926.

### GREENSPON, EDWARD A.

M.D., McGill Univ., 1916; House Bacteriol., Royal Victoria Hosp., Montreal, 1916–17; Asst. Res. Pathol., Johns Hopkins, 1917–18; Capt., Canadian Army Med. Corps; *Res. Pathol.*, *P. B. B. H.*, Oct. 1, 1919–April 1, 1920; *Med. H. O.*, *ibid.*, April 1, 1920–July 1, 1921; May Fellow in Med. Research, Johns Hopkins; Asst. in Med., *ibid.*, 1921–23; Jr. Attend. Phys., Montreal Gen. Hosp.; in practice, Montreal, Canada.

### GREY, ERNEST

A.B., Univ. of Wis., 1907; Asst. in Anat., *ibid.*, 1907–08; Stud. in Med., *ibid.*, 1907–08; M.D., Johns Hopkins, 1911; Res. H. O., *ibid.*, 1911–12; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1912–Feb. 12, 1914; Asst. Res. Surg., *ibid.*, Feb. 12, 1914–Sept. 1, 1916; Asst. in Surg., Harv., 1915–16; Instr. in Surg., Johns Hopkins. Died Oct. 12, 1918.

### HALE, WORTH

A.B., Univ. of Mich., 1908; M.D., *ibid.*, 1904; *Assoc. in Med.*, *P. B. B. H.*, Nov. 1, 1917–Dec. 31, 1918; Assoc. Prof. of Pharm. and Asst. Dean, Harv.

### HALLER, DAVID ALEXANDER

A.B., Hampden-Sidney, 1908; M.D., Columbia, 1913; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1913–March 1, 1915; Asst. Res. Phys., *ibid.*, March 1, 1915–Oct. 1, 1916; *Res. Phys.*, *ibid.*, Oct. 1, 1916–June 6, 1917; Major, M. C., U. S. Army, 1917–19; Junior Attend. Phys., Hahnemann Hosp., 1920–21; Internist for the Rochester Clinic, Rochester, N. Y., 1919–25; Asst. Phys., Rochester Gen. Hosp.; Phys. to Baden St. Disp., 1924–25; Instr. in Med., Univ. of Rochester Med. Sch.; Asst. Phys., Strong Mem. Hosp., Rochester, N. Y.; Chief, Med. Serv., Rochester Gen. Hosp.; in practice, Rochester, N. Y.

### HANSMANN, GEORGE H.

M.D., Univ. of Iowa, 1918; Hosp. Chem., Iowa Univ. Hosp., 1918–19; Clin. Asst., Dept. of Internal Med., *ibid.*, 1919–20; Lect. in Clin. Microscopy, *ibid.*, 1920–21; *Res. Pathol.*, *P. B. B. H.*, Sept. 15, 1921–Sept. 15, 1923; Pathol., Iowa Univ. Hosp.

### HARBIN, ROBERT MAXWELL

B.S., Univ. of Georgia, 1916; M.D., Harv., 1920; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1920–March 1, 1922; H. O., Children's Hosp., 1922–23; Jr. Surg., Harbin Hosp., 1923–25; Assoc. in Orthopedic Surg., Lakeside Hosp.; Surg. in Charge, Rainbow Hosp.; Asst. Prof. Orthopedic Surg., Western Reserve Univ. School of Med.

### HARRISON, TINSLEY RANDOLPH

A.B., Univ. of Mich., 1919; M.D., Johns Hopkins, 1922; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1922–March 1, 1924; Asst. Res. Phys., *ibid.*, March 1, 1924–Sept. 1, 1924; Asst. in Med., Johns Hopkins; Res. Phys., Vanderbilt Univ. Hosp., Nashville, Tenn.

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### HARVEY, SAMUEL CLARK

Ph.B., Yale, 1907; M.D., *ibid.*, 1911; Alonzo Clark Fellow, Columbia, 1911–12; Instr. in Pathol., *ibid.*, 1912–13; Asst. Res. Phys., Loomis Sanitorium, Loomis, N. Y., 1913–14; *Surg. H. O., P. B. B. H.*, Nov. 1, 1914–Nov. 1, 1915; Arthur Tracy Cabot Fellow, in charge of Lab. of Surg. Research, Harv., 1915–16; *Asst. Res. Surg., P. B. B. H.*, Nov. 1, 1916–May 7, 1917; Major, M. C., U. S. Army, 1917–19; Res. Surg., New Haven Hosp.; Instr. in Surg., Yale, 1919–20; Asst. Prof. of Surg., *ibid.*, 1920–21; Assoc. Prof. of Surg., *ibid.*, 1921–23; Surgeon-in-Chief, New Haven Hosp. and New Haven Disp.; Prof. of Surg., Yale.

### HATCH, FLOYD FROST

A.B., Univ. of Utah, 1912; M.D., Harv., 1914; *Med. H. O., P. B. B. H., March 1, 1914–Jan. 4, 1915* (*granted leave of absence from Jan. 4, 1915–Feb. 28, 1915*); Surg. House Pupil, M. G. H., 1915–16; House Surg., *ibid.*, 1916–17; Surg. to G. U. Dept., Salt Lake County Hosp., 1917–18; Surg. to G. U. Dept., L. D. S. Hosp., Salt Lake City, Utah; 1st Lieut., M. C., U. S. Army, 1918–19; Asst. County Phys., Salt Lake County Hosp., and Asst. Visit. Surg., *ibid.*, 1921–22; Surg., Inter-Mountain Clin.; in practice, Salt Lake City, Utah; Post-Grad. study of Surg., Europe, 1926–27.

### H'DOUBLER, FRANCIS TODD

B.A., Univ. of Wis., 1907; M.A., *ibid.*, 1908; Ph.D., *ibid.*, 1910; Stud., Univ. of Wis. Med. Sch., 1 yr.; Stud., Rush Med. Sch. and Univ. of Philippines, 1 yr.; M.D., Harv., 1915; H. O., Augustana Hosp., Chicago, 1915–16; *Med. H. O., P. B. B. H., Jan. 11, 1916–March 1, 1917*; H. O., Augustana Hosp., 1917–18; 1st Lieut. and Capt., M. C., U. S. Army, 1918–19; Moseley Travelling Fellow, Harv., 1919–20; Lakeside Hosp., Cleveland, Ohio, 1921; Instr. in Pathol. and Surg., Univ. of Ill., 1921–24; Jr. Attend. Surg., Augustana Hosp., Chicago; in practice, Chicago; Attend. Surg., St. John's Burge, Deaconess, and Springfield Baptist Hospitals; Instr., Bacteriol., S. W. T. Coll., Springfield, Mo.; in practice, Springfield, Mo.

### HEAD, JEROME R.

M.D., Harv., 1922; *Surg. H. O., P. B. B. H., July 1, 1922–Nov. 1, 1923*; Surg. Pathol., Mayo Clin., Rochester, Minn., 1924; Res. Surg., State of Wis. Gen. Hosp., Madison, 1924–26; Instr. in Surg., Univ. of Ill.; in practice, Chicago, Ill.

### HERRICK, THEODORE POMEROY

A.B., Yale, 1915; M.D., Harv., 1919; *Med. H. O., P. B. B. H., Dec. 26, 1918–Jan. 1, 1920*; Med. H. O., Children's Hosp., Boston, 1920; H. O., Infants' Hosp., Boston, 1921; Res. Pediatrician, Rainbow Hosp., 1921–24; Asst. Visit. Pediatrician, St. Luke's Hosp., Cleveland, 1922–23; Asst. Visit. Pediatrician, St. Vincent's Charity Hosp., Cleveland, Ohio; in practice, Cleveland, Ohio.

### HERRMANN, GEORGE R.

B.S., Univ. of Mich., 1916; M.D., M.S., *ibid.*, 1918; Ph.D., *ibid.*, 1922; *Med. H. O., P. B. B. H., Oct. 1, 1918–Oct. 1, 1919*; Asst. Res. Phys., Barnes Hosp., 1919–20; Res. Phys., *ibid.*, and Asst. in Med., Wash. Univ., St. Louis, 1920–21; Instr. in Med., Univ. of Mich., and Asst. Prof. Med., *ibid.*, 1921–25; Asst. Prof. of Med., Tulane Univ., New Orleans, La.

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### HJORT, AXEL MAGNUS

A.B., Univ. of Ill., 1914; M.S., *ibid.*, 1915; Ph.D., Yale, 1918; M.D., Yale Univ. Med. Sch., 1921; *Med. H. O., P. B. B. H.*, July 1, 1921–Nov. 1, 1922; Parke Davis & Co., Detroit, Mich., 1923–26; Prof. Pharmacology, Dartmouth Med. School, Hanover, N. H.

### HODGSON, JOHN SPRAGUE

Ph.B., Brown, 1911; M.D., Harv., 1917; Surg. House Pupil, M. G. H., 1915–16; Res. Surg., *ibid.*, 1916; *Surg. H. O., P. B. B. H.*, Nov. 1, 1916–March 1, 1917; Asst. Res. Surg., *ibid.*, March 1, 1917–June 22, 1917; 1st Lieut., M. C., U. S. Army, 1917–19; Typhus Work in Macedonia, 1919; Res. Surg., M. G. H., 1920; Surg., O. P. D., M. G. H.; Second in Neurol. Surg., M. G. H.

### HOLMAN, EMILE

A.B., Stanford Univ., 1911; Univ. of Oxford, 1916; Med. Stud., Oxford Univ., Royal College of Surgeons, Edinboro, Rotunda Hosp., Dublin, National Hosp., London, 1914–17; M.D., Johns Hopkins, 1918; Res. Med. Officer, Children's Hosp. Sch., 1918–19; Asst. Res. Surg., J. H. H., 1919–21; Res. Surg., *ibid.*, 1921–23; Instr. in Surg., J. H. M. S., 1920–23; Asst. Res. Surg., *P. B. B. H.*, July 15, 1923–Sept. 1, 1923; Res. Surg., *ibid.*, Sept. 1, 1923–July 1, 1924; Austin Teach. Fellow, Harv., 1923–24; Attend. Surg., Lakeside Hosp. and Asst. Prof. of Surg., Western Reserve Univ., Cleveland, Ohio, July, 1924–Dec., 1925; Assoc. Prof. Surg., Stanford Univ. Med. Sch., 1925–26; Attend. Surg., Stanford Univ. Hosp., San Francisco; Prof. of Surg., Exec. Head, Dept. of Surg., Stanford Univ. Med. School.

### HOUSTON, JR., DAVID WALKER

A.B., Princeton, 1912; M.D., Harv., 1916; *Surg. H. O., P. B. B. H.*, July 1, 1916–Nov. 1, 1917; Asst. Res. Surg., *ibid.*, Nov. 1, 1917–Feb. 8, 1918; 1st Lieut., M. C., U. S. Army, 1918–19; Attend. Surg., Samaritan Hosp., Troy, N. Y.; in practice, Troy, N. Y.

### HOWARD, HERBERT BURR

A.B., Harv., 1881; M.D., *ibid.*, 1884; Asst. Phys., State Infirmary, Tewksbury, Mass., 1884–85; in practice, Idaho Springs, Colo., 1885–87; Asst. Phys., State Infirm., 1887–91; Supt., *ibid.*, 1891–97; Res. Phys., M. G. H., 1897–1908; Supt., *P. B. B. H.*, May 1, 1908–May 1, 1919 (*retired — age limit*); Mem., Mass. State Bd. of Insanity, 1898–1913 (Chairman, 1908–13); Pres., American Hosp. Assoc., 1909–10; Trustee, State Colony for the Insane, Gardner, Mass. Died March 6, 1923.

### HURWITZ, SAMUEL HAYMANN

A.B., Harv., 1907; A.M., *ibid.*, 1908; Special Stud., Univ. of Strassburg, Germany, 1909–10; Spec. Student, Inst. of Infectious Diseases, Berlin, Germany, summer of 1911; M.D., Johns Hopkins, 1912; Res. H. O., J. H. H., 1912–13; *Surg. H. O., P. B. B. H.*, Nov. 1, 1913–March 1, 1915; Instr. in Research Med., Univ. of Calif., 1915–17; Asst. Clin. Prof. of Med., *ibid.*, 1917–26; Asst. Clin. Prof. of Med., Stanford Univ. Med. School.

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### JACK, EDWIN EVERETT

A.B., Harv., 1884; M.D., *ibid.*, 1887; *Act. Consult. Ophthalmologist, P. B. B. H.*; Consult. Ophthalmologist, Mass. Eye and Ear Infirn.; in practice, Boston.

### JACK, WILLIAM DAVID

A.B., Creighton, 1908; Grad. Stud., Univ. of Chicago, 1909–10; M.D., Johns Hopkins, 1914; *Surg. H. O., P. B. B. H.*, July 1, 1914–Nov. 1, 1915; Capt. and Asst. Surg., 2d Harv. Unit, B. E. F., France, 1915–16; Asst. Res. Urologist, J. H. H., 1916–17; Capt., M. C., U. S. Army and Consult. Urologist, A. E. F., 1917–19; Asst. Res. Surg., and Res. Urol., J. H. H., 1919–21; in practice, Chicago, Ill.

### JACOBSON, CONRAD

B.S., Beloit, 1900; Grad. Stud., 3 summer qrs., Univ. of Chicago; Asst. Prof. of Chem. and Bacteriol., Armour Inst. of Tech., 1903–05; Research Asst. in Pathol., Univ. of Chicago, 1907–08; M.D., Johns Hopkins, 1911; Asst. in Surg., Hunterian Lab., *ibid.*, 1911–12; *Asst. Res. Surg., P. B. B. H.*, Sept. 1, 1912–Sept. 1, 1915; *Res. Surg., ibid.*, Sept. 1, 1915–July 1, 1920; Asst. in Surg., Harv.; Assoc. Prof. of Surg., Univ. of Minn. Med. Sch., 1920–22; in practice, Seattle, Washington.

### JACOBSON, VICTOR CLARENCE

B.S., Univ. of Wis., 1915; M.D., Harv., 1917; *Med. H. O., P. B. B. H.*, July 18, 1917–July 1, 1918; 1st Lieut., M. C., U. S. Army, 1918; *Pathol. H. O., P. B. B. H.*, Jan. 1, 1919–July 1, 1919; *Res. Pathol., ibid.*, July 1, 1919–Oct. 1, 1919; Asst. Prof. of Pathol., Univ. of Wisconsin, 1919–20; *Res. Pathol., P. B. B. H.*, July 1, 1920–Sept. 1, 1921; Instr. in Pathol., Harv., 1920–21; Pathol., Albany Hosp., and Child's Hosp.; Prof. of Pathol., Union Univ., Albany, N. Y.

### JAMESON, CHARLES HAROLD

A.B., Harv., 1916; M.D., *ibid.*, 1919; *Surg. H. O., P. B. B. H.*, June 15, 1919–Nov. 1, 1920; Free Hosp. for Women, Brookline, 1920–21; *Asst. Res. Surg., P. B. B. H.*, Feb. 14, 1921–June 15, 1921; *Asst. Res. Surg., ibid.*, Sept. 15, 1921–June 21, 1922; in practice, Providence, R. I.

### JANNEY, JAMES CRAIK

A.B., Harv., 1911; M.D., *ibid.*, 1915; *Surg. H. O., P. B. B. H.*, July 1, 1915–Nov. 1, 1916; Asst. Surg., Free Hosp. for Women, O. P. D., Brookline; Capt., M. C., U. S. Army; H. O., Boston Lying-In Hosp., 1923; Fellow, Am. Coll. Surgs., 1926; in practice, Boston.

### JOELSON, JAMES J.

M.D., Columbia, 1920; Surg. Interne, Presbyterian Hosp., N. Y., 1920–22; *Asst. Res. Surg., P. B. B. H.*, July 15, 1922–July 26, 1923; Asst. Res. Surg., New Haven Hosp., and Instr. in Surg., Yale, 1923–24; Asst. Res. Surg. (G. U. Surg.) Lakeside Hosp., 1924–25; Demonstr. in G. U. Surg., Western Reserve Univ., Cleveland, Ohio, 1924–25; Instr. in G. U. Surg., *ibid.*; Asst. G. U. Surg., Lakeside Hosp.

### JONES, MERRITT LACOUNT

S.B., Univ. of Wis., 1912; M.D., Harv., 1915; *Surg. H. O., P. B. B. H.*, July 1, 1915–Nov. 1, 1916; *Asst. Res. Surg., ibid.*, Nov. 1, 1916–March 1, 1917; Capt., M. C., U. S. Army, 1917–19; in practice, Wausau, Wis.

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### JONES, WILFRED GRANT

B.S., College of Wooster, Wooster, Ohio, 1921; M.D., Harv., 1924; *Med. H. O., P. B. B. H.*, May 15, 1924–March 1, 1925; Missionary work, Miraj, India.

### KAZANJIAN, VARAZTAD H.

D.M.D., Harv., 1905; M.D., *ibid.*, 1921; Mem., Harv. Unit, B. E. F., 1915–16; Surg. Specialist for Wounds of Jaws and Face, B. E. F., 1916–19; C. M. G.; *Dental Surg., P. B. B. H.*, Jan. 22, 1920–Dec., 1922; Prof. of Clin. Oral Surg., Harv.; Visit. Surg., Oral and Plastic Surg., B. C. H.; Asst. Surg. in Oto-Laryngology, M. G. H.; Consult. Oral Surg., Camb. Hosp.; Mem. of Staff, Consult. Surgeons, Newport Hosp., Newport, R. I.; Attend. Specialist, U. S. P. H. S.; Asst. Laryngologist, Huntington Mem. Hosp.; in practice, Boston.

### KEBABJIAN, HRANT SETRAG

A.B., Anatolia Coll. (Armenia), 1913; M.D., Harv., 1918; Admitting Phys., Babies' Ward, Post Grad. Hosp., N. Y., 1918; *Surg. H. O., P. B. B. H.*, Nov. 15, 1918–March 1, 1920; City Phys., Buffalo, N. Y., 1920–21; Director, Comm. on Hosps. in Cilicia, 1921–22; Asst. Res., Long Island Hosp., Boston Harbor, 1922–26; in practice, Boston.

### KEEGAN, JOHN JAY

A.B., Univ. of Neb., 1912; A.M., *ibid.*, 1914; M.D., *ibid.*, 1915; Instr. in Anat., *ibid.*, 1915–17; *Pathol. H. O., P. B. B. H.*, June 15, 1917–Dec. 15, 1917; Lieut., M. C., U. S. Navy, 1917–19; *Surg. H. O., P. B. B. H.*, Aug. 13, 1919–Nov. 1, 1920; Asst. Prof. of Pathol., Univ. of Neb., 1920–23; Prof. Clin. Pathol., Director of Clinics, Sec. of the Faculty, *ibid.*, 1923; Act. Dean, *ibid.*, 1920–23; Neuro-surg., Univ. Hosp.; Dean, Coll. of Med., Univ. of Nebraska; in practice, Omaha, Nebraska.

### KEYSER, LINWOOD DICKENS

B.A., Virginia, 1914; M.D., Johns Hopkins, 1918; H. O., J. H. H., 1918–19; *Asst. Res. Surg., P. B. B. H.*, July 1, 1919–Nov. 1, 1919; Res. Surg., N. Y. Post Grad. Hosp., N. Y. City, 1920; Fellow, Mayo Foundation, Rochester, Minn., 1920–23; M.S., Mayo Foundation; Univ. of Minn. Grad. Sch. in Med., 1921; Surg. and Urol., Lewis Gale Hosp. Clin., Roanoke, Va.; in practice, Roanoke, Va.

### KING, DONALD STORRS

A.B., Oberlin, 1912; M.D., Harv., 1918; H. O., Orthopedic Serv., Children's Hosp.; 1st Lieut., M. C., U. S. Army, 1918–19; Med. H. O., M. G. H., 1919–21; *Assoc. in Pathol., P. B. B. H.*, May 24, 1921–May 24, 1922; Fellow in Med., Harv., 1923; Asst. in Med., *ibid.*; Asst. in Med., M. G. H.; Asst. Phys. to Out-Patients, M. G. H.; in practice, Boston.

### KING, WILLIAM ROBERT

B.S., Univ. of Minn., 1913; M.D., Harv., 1917; *Med. H. O., P. B. B. H.*, July 1, 1917–Feb. 1, 1918; *Asst. Res. Phys., ibid.*, Feb. 1, 1918–Oct. 24, 1918; in practice, Minneapolis, Minn.

### KINSMAN, JAMES MURRAY

B.A., Mt. Allison Univ., Sackville, N. B., 1918; M.D., C.M., McGill Univ., 1922; Pathol. Interne, Royal Victoria Hosp., 1922–23; Demonstr.

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in Pathol., McGill Univ., 1922-23; *Med. H. O., P. B. B. H.*, July 1, 1923-Nov. 1, 1924; Asst. Res. Med., New Haven Hosp., New Haven, Conn.; Phys., Med. Service, Louisville City Hosp., Louisville, Ky.

### KIRKWOOD, ALLAN STEWART

M.D., Univ. and Bellevue Hosp. Med. Coll., N. Y., 1913; *Assoc. in Med., P. B. B. H.*, Nov. 1, 1917-Dec. 31, 1917; Major, M. C., U. S. Army; Phys. to Tuberculosis Clin., O. P. D., Mountainside Hosp., Montclair, N. J.; Neuro-Psychiatrist, *ibid.*; Visit. Phys., St. Vincent's Hosp., Montclair; in practice, Montclair, N. J.

### KOEFOD, HILMAR OLAF

B.S., Beloit, 1911; M.D., Harv., 1916; Moseley Travelling Fellowship, *ibid.*, in Europe, summer of 1916; *Med. H. O., P. B. B. H.*, Nov. 1, 1916-Nov. 1, 1917; 1st Lieut., M. C., U. S. Army, 1917-18; Chief of Clin. at Mem. Lab. and Clin., Santa Barbara, Cal.; Asst. in Med., Med. Sch., Univ. of Cal.; Asst. to Prof. H. C. Moffitt in his private work; Chief of Med. Dept., Santa Barbara Clin.; Attend. Phys., Cottage Hosp., Santa Barbara, Cal.; in practice, Santa Barbara, Cal.

### KOHN, LAWRENCE A.

A.B., Williams, 1914; work in Bacteriol. with Dr. Park, N. Y., 1914-17; work in Bacteriol. with army in France, 1917-19; 1st Lieut., San. Corps, 1918-19; M.D., Johns Hopkins, 1923; Med. Interne, *ibid.*; *Asst. Res. Phys., P. B. B. H.*, Sept. 15, 1924-Sept. 1, 1925; Instr. in Med., Univ. of Rochester; Res. Phys., Strong Mem. Hosp., Rochester, N. Y.

### KREUTZMANN, HENRY ADOLPH ROBERT

M.D., Univ. of Pa., 1916; *Surg. H. O., P. B. B. H.*, March 1, 1917-Feb. 4, 1918; Lieut., M. C., U. S. Army; Instr. in Urol., Univ. of Cal.; Urologist for N. W. P. R. R.; Chief Urol., Chinese Hosp., San Francisco; in practice, San Francisco, Cal.

### LADD, WILLIAM SARGENT

B.S., Amherst, 1910; M.D., Columbia, 1915; *Med. H. O., P. B. B. H.*, Nov. 1, 1915-March 1, 1917; Asst. Phys., Presbyterian Hosp., New York, and Instr. in Med., Columbia, 1918-19; 1st Lieut., M. C., U. S. Army; Asst. in Med., J. H. H., and Instr. in Med., Johns Hopkins, 1919-21; Instr. in Med., Columbia, 1921-24; Assoc. in Med., *ibid.*; Asst. Phys., Presbyterian Hosp., N. Y.

### LAMSON, PAUL DUDLEY

A.B., Harv., 1905; M.D., *ibid.*, 1911; Med. House Pupil, M. G. H., 1909-10; Lect. Asst. in Pharm., Univ. of Wurzberg, Germany, 1912-13; Sheldon Travelling Fellow, Harv., 1911-13; *Asst. Res. Phys., P. B. B. H.*, Oct. 1, 1913-Oct. 15, 1914; Asst. in Exp. Therapeutics, Johns Hopkins, 1914-15; Assoc. in Pharmacology, *ibid.*, 1916-20; Assoc. Prof. Pharmacology, *ibid.*, 1921-25; Prof. Pharmacology, Vanderbilt Univ. Sch. of Med.

### LANMAN, THOMAS HINCKLEY

A.B., Harv., 1912; M.D., *ibid.*, 1916; *Assoc. in Urol., P. B. B. H.*, March 22, 1920-June 26, 1922; Jr. Asst. Surg., Children's Hosp., Boston; in practice, Boston.

## PETER BENT BRIGHAM HOSPITAL

### LEHMAN, EDWIN PARTRIDGE

A.B., Williams, 1910; M.D., Harv., 1914; *Surg. H. O., P. B. B. H., July 1, 1914–July 1, 1915*; Asst. Res. Surg., Barnes Hosp., St. Louis, Mo., 1915–16; Asst. in Surg., Washington Univ., 1916–20; 1st Lieut., M. C., U. S. Army, 1917–19; Res. Surg., Barnes Hosp., St. Louis, 1919–20; Visit. Surg., St. Louis City Hosp.; Asst. Surg., Barnes Hosp.; Visit. Surg., Jewish Hosp.; Surg. to Out-Patients, Washington Univ. Disp.; Asst. Prof. of Clin. Surg., Washington Univ.; Clin. Asst., St. Louis Mullanphy Hosp.; in practice, St. Louis, Mo.

### LEWIS, EDWIN RAY

M.D., Boston Univ., 1901; Asst. Surg., Clinton Hosp., 1907; Asst. Supt., Mass. Homœopathic Hosp., 1909; Act. Supt., *ibid.*, 1916; Supt., Hahnemann Hosp., Rochester, N. Y., 1916; Supt., Flower Hosp., 1919–20; Capt., M. C., U. S. Army, 1918–19; *2d Asst. Supt., P. B. B. H., April 11, 1921–Oct. 1, 1923*; Supt., Easton Hosp., Easton, Pa., 1923–26; Supt., Burbank Hosp., Fitchburg.

### LIEB, CLARENCE WILLIAM

A.B., Colorado, 1908; A.M., *ibid.*, 1909; M.D., Harv., 1914; *Pathol. H. O., P. B. B. H., April 1, 1914–June 6, 1914 (resigned)*; Med. Director, "The Glen Springs," Watkins, N. Y., 1914–17 (resigned); in practice, New York.

### LOCKE, JR., CHARLES EDWARD

A.B., M.S., Univ. of Cal.; M.D., *ibid.*, 1919; S.D. (*en Chirurgie*), Univ. of Brussels, 1922; Med. and Surg. H. O., Univ. of Cal. Hosp., 12 mos.; *Asst. Res. Surg., P. B. B. H., June 15, 1920–June 1, 1921*; Asst. on Visit. Surg. Staff, Dr. Depage's Service, St. Pierre Hosp., Brussels; Asst. Etranger, Prof. Pierre Marie's Serv., Salpêtrière, Paris, 1921–22; Fellow, C.R.B., Educational Foundation, 1921–22; Asst. in Dept. of Surg., Univ. of Cal. Med. Sch.; Staff of University Hospital; Fellow, National Research Council, 1922–23; Full-time Instr., in Surg., Univ. of Cal.; Staff, Hooper Research Foundation, 1923–24; Neurol. Surg., Cleveland Clinic, Cleveland, Ohio.

### LOURIA, HENRY WALTER

A.B., Columbia, 1916; M.D., *ibid.*, 1919; Surg. H. O., Presbyterian Hosp., N. Y., 1919–20; *Med. H. O., P. B. B. H., July 1, 1920–Oct. 1, 1921*; Stud., M. I. T., 1921; Med. Interne, J. H. H., 1921–22; Asst. Surg., Brooklyn Jewish Hosp.; Instr. in Surg., Coll. of Phys. and Surg.; in practice, Brooklyn, N. Y.

### LYLE, EVELINE BURTON

B.A., Mt. Holyoke Coll., 1906; M.D., Tufts Coll. Med. Sch., 1913; *Act. Assoc. in Med., P. B. B. H., Nov. 1, 1917–Dec. 31, 1917*; Visit. Phys. and Obstetrician, N. E. Hosp. for Women and Children; Med. Examiner for Winsor School, Milton Academy Girls' School, Brookline High School Girls, Boston University School of Practical Arts, Penn. Mutual Life Insurance Co., John Hancock Life Ins. Co., United Life and Accident Insurance Co.; in practice, Boston.

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### LYNCH, JR., JAMES JOSEPH

B.S., Notre Dame Univ., 1915; M.D., Harv., 1919; H. O., Boston Lying-In Hosp., 1919; *Med. H. O., P. B. B. H.*, July 1, 1919–July 1, 1920; H. O., Cambridge City Hosp., 1920–21; Jr. Visit. Obstetrician, St. Elizabeth's Hosp.; Jr. Asst. Surg., Boston Disp.; in practice, Boston.

### LYON, DON DEE

S.B., Wash. Univ., 1914; M.D., Harv., 1920; H. O., Huntington Hosp., 1919–20; Interne, Bridgeport Hosp., 1920–21; *Surg. H. O., P. B. B. H.*, March 1, 1921–July 1, 1922; Res. Phys., Blodgett Mem. Hosp., Grand Rapids, Mich.; Int. Med., Grand Rapids Clin., 1924–25; in practice, Bridgeport, Conn.

### MALLORY, TRACY BURR

M.D., Harv., 1921; *Med. H. O., P. B. B. H.*, March 1, 1922–July 1, 1923; Instr. in Bacteriol., Harv., 1924–26; Instr. in Path., *ibid.*; Pathol., M. G. H.

### MARINUS, CARLETON J.

B.Sc., Syracuse, 1915; M.Sc., *ibid.*, 1917; M.D., Univ. of Mich., 1921; *Med. H. O., P. B. B. H.*, Nov. 1, 1921–March 1, 1923; in practice, Detroit, Mich.

### MARKHAM, BLACKWELL

A.B., Univ. of N. C., 1917; M.A., *ibid.*, 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H.*, July 1, 1922–Nov. 1, 1923; Res. Surg., Fifth Ave. Hosp., 1923–24; in practice, Durham, N. C.

### MARLOW, SEARLE BISSET

A.B., Harv., 1912; Stud., Harv., 1 yr.; M.D., Syracuse, 1916; *Pathol. H. O., P. B. B. H.*, July 1, 1916–June 11, 1917; Capt., M. C., U. S. Army, 1918–19; House Surg., Herman Knapp Hosp., N. Y., 1920–21; Instr. of Ophthal., Syracuse Univ.; Ophthalmologist, Syracuse Free Disp., St. Joseph's Hosp., General Hosp., and Syracuse Mem. Hosp.; in practice, Syracuse, N. Y.

### MARTIN, PAUL

S.B., Brussels, 1911; M.D., *ibid.*, 1920; Med. Interne, Hosp. St. Pierre, Brussels, 1919–20; Surg. Interne, New Haven Hosp., 1920–21; *Assoc. in Surg., P. B. B. H.*, Sept. 1, 1921–March 1, 1922; Asst. Res. Surg., *ibid.*, March 1, 1922–Nov. 1, 1922; Asst. in Surg., Brussels Univ. Hosp.; in practice, Brussels, Belgium.

### MARVIN, FRANK WILLIAM

A.B., Harv., 1910; M.D., *ibid.*, 1914; House Pupil, M. G. H., 1914–15; *Surg. H. O., P. B. B. H.*, Nov. 1, 1915–March 1, 1916; Asst. Surg., M. G. H., O. P. D.; Asst. in Anat., Harv.; in practice, Boston.

### MARVIN, HAROLD MYERS

A.B., Davidson Coll., 1914; M.D., Harv., 1918; *Med. H. O., P. B. B. H.*, Feb. 13, 1918–Feb. 9, 1919; Dist. Phys. with Near East Relief, Alexandropol, Armenia, 1919–20; Asst. in Med., Harv.; Asst. in Med., M. G. H., 1920–21; Instr. in Med., Yale, 1921–23; Asst. Prof. of Med., *ibid.*; Fellow, John Simon Guggenheim Memorial Foundation, 1926–27 (in laboratory of Sir Thomas Lewis, Univ. Coll. Hosp. Med. School, London).

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### McCANN, WILLIAM SHARP

A.B., Ohio State Univ., 1911; M.D., Cornell, 1915; Asst. Res. Phys., Gen. Mem. Hosp., N. Y., 1915; *Surg. H. O., P. B. B. H.*, Nov. 1, 1915–Nov. 1, 1916 (*resigned*); Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, Harv.; Capt., M. C., U. S. Army; Instr. in Med., Cornell; Research Fellow, Russell Sage Inst. of Pathol.; Adjunct Visit. Phys., Bellevue Hosp., N. Y.; Assoc. Phys., J. H. H., Baltimore, Md.; Assoc. in Med., Johns Hopkins; Assoc. Prof. Med., *ibid.*; Prof. of Med., Univ. of Rochester, Rochester, N. Y.

### McCARTHY, PATRICK THOMAS

B.S., Univ. of Chicago, 1914; M.D., Rush Med. Coll., 1917; *Surg. H. O., P. B. B. H.*, Dec. 15, 1917–Oct. 1, 1918; *Asst. Res. Surg.*, *ibid.*, Oct. 1, 1918–Feb. 9, 1919; Relief Comm., Near East, Armenia, 1919–20; Post Grad. Study in Europe, 1920; Urol. and Surg., Western Montana Clin., Missoula, Mont.; in practice, Missoula, Mont.

### McCARTY, ELBA DENTON

M.D., Univ. of Mich., 1903; Interne, 2 yrs., St. Mary's Hosp., Saginaw, E. S., Mich.; Gen. Practice, Merrill, Mich., 1905–09; Priest River, Idaho, 1909–17; *Roentgenologist*, *P. B. B. H.*, July 1, 1918–Oct. 14, 1919; in practice, Tacoma, Wash.

### McCLURE, CHARLES WALTER

A.B., Ohio State Univ., 1906; M.D., Starling Med. Coll., Ohio, 1910; Med. H. O., St. Francis Hosp., Columbus, Ohio, 1910–11; Asst. in Clin. Med., Starling Med. Coll., 1911–12; Asst. in Med., Univ. of Iowa Med. Sch., 1912–15; Grad. Stud. in Med., Harv., 1915–16; *Asst. Res. Phys.*, *P. B. B. H.*, July 1, 1916–Nov. 1, 1916; Alumni Asst. in Med., Harv.; *Res. Phys.*, *P. B. B. H.*, June 7, 1917–July 6, 1917; Phys.-in-Chief, St. Luke's Hosp., South Bethlehem, Pa., 1917–18; Capt., M. C., U. S. Army, 1918; *Assoc. in Med.*, *P. B. B. H.*, Feb. 13, 1919–Sept. 1, 1921; Research Worker, Evans Mem. and Gastroenterologist to O. P. D., Mass. Homœopathic Hosp., Boston; in practice, Boston.

### McKEAN, RICHARD M.

A.B., Univ. of Mich., 1916; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H.*, Dec. 15, 1919–March 1, 1921; H. O., Infants' Hosp., Boston, 1921; Jr. Phys., Detroit Receiving Hosp., 1921–22; Assoc., *ibid.*; Instr. in Int. Med., Detroit Coll. of Med. and Surg.; Attend. Phys., Detroit Receiving Hosp.; in practice, Detroit, Mich.

### McKENZIE, KENNETH G.

M.B., Toronto; M.D., *ibid.*, 1914; Interne, Toronto Gen. Hosp., 1914; Capt., Imp. Army M. C., 1914–19; Instr. in Anat., Univ. of Toronto, 1919 (on leave of absence to work with Dr. Cushing under the Mickle Fellowship of Toronto Univ.); *Asst. Res. Surg.*, *P. B. B. H.*, Nov. 1, 1922–Nov. 1, 1923; Surg. Staff, Toronto Gen. Hosp.; in practice, Toronto, Can.

### McQUESTEN, PHILIP

A.B., Dart., 1911; M.D., Harv., 1915; Stud., B. C. H. (Pathol. Lab.), 1915–16; *Surg. H. O., P. B. B. H.*, March 1, 1916–July 1, 1917; *Asst. Res. Surg.*, *ibid.*, July 1, 1917–Aug. 17, 1917; in practice, Nashua, N. H.

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### MILLET, JOHN ALFRED PARSONS

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H.*, Nov. 1, 1914–March 1, 1916; Internist, N. Y. State Inst. for the Study of Malignant Disease, Buffalo, 1916–20; Capt., M. C., U. S. Army, 1917–19; Asst. Attnd. Phys., Buffalo Gen. Hosp.; Assoc. in Med., Buffalo Univ. Med. Sch., and Asst. to the Chiefs of Med. Div., Dept. of Hospitals and Dispensaries, Buffalo, N. Y., 1916–24; Assoc. Phys., Austen Riggs Foundation, Stockbridge, Mass.

### MILLIKEN, SAMUEL GIBBS

M.D., Univ. of Texas, 1922; Sr. Instr. in Pathol., Univ. of Texas, 1922; *Surg. H. O., P. B. B. H.*, March 1, 1924–Feb. 1, 1925; Asst. Prof. of Path., Univ. of Texas; Director of Laboratories, Hermann Hosp., Houston, Tex.; in practice, Houston, Texas.

### MOORE, RICHMOND LAWRENCE

A.B., Univ. of Va., 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H.*, Nov. 1, 1923–March 1, 1924; *Asst. Res. Surg.*, *ibid.*, July 1, 1924–July 1, 1925; Asst. Res. Phys., Hosp. of the Rockefeller Institute, N. Y.

### MONTGOMERY, JAMES BLAINE

A.B., Dart., 1911; M.D., Harv., 1915; *Surg. H. O., P. B. B. H.*, Nov. 1, 1915–March 1, 1917; House Surg., Mass. Eye and Ear Infir., 1917; Grad., Army Med. Sch., 1917; 1st Lieut., M. C., U. S. Army; Major, Med. Corps, U. S. Army, Washington, D. C.

### MORRIS, LAIRD M.

M.D., Univ. of Cal., 1916; *Asst. Res. Phys.*, *P. B. B. H.*, April 15, 1920–Oct. 1, 1920; Asst. in Med., Univ. of Cal. Med. Sch., 1921–22; Instr. in Med., *ibid.*, 1923; Asst. in Med., Stanford Med. School; in practice, San Francisco, Cal.

### MORRIS, JR., SAMUEL LESLIE

B.S., Davidson (N. C.), 1911; M.D., Harv., 1916; *Surg. H. O., P. B. B. H.*, Nov. 1, 1916–Nov. 1, 1917; 1st Lieut., M. C., U. S. Army; 1st Asst. House Surg., St. Louis Southwestern Hosp., 1919; Chief House Surg., *ibid.*; in practice, Atlanta, Ga.

### MORTON, JOHN JAMIESON

A.B., Amherst, 1907; M.D., Johns Hopkins, 1913; *Surg., H. O., P. B. B. H.*, March 1, 1913–July 1, 1914; Fellow in Pathol., Rockefeller Inst., N. Y. City, 1914–15; House Surgeon, M. G. H., 1915–16; Asst. Res. Phys., Rockefeller Inst. Hosp., N. Y., 1916–17; Major, M. C., U. S. Army, 1917–19; practice, Orthopedic Surg., Boston, Mass.; Grad. Asst., O. P. D., Children's Hosp., Boston, and Asst. Orthopedic Surg., *ibid.*, 1919–21; Asst. Prof. Surg., Yale, 1921–24; Prof. Surg., Rochester Univ. Sch. of Med. and Dentistry, Rochester, N. Y.

### NELLANS, CHARLES T.

B.S., Univ. of Chicago, 1916; M.D., Rush Med. Coll., 1918; Mem. Res. Staff, Presbyterian Hosp., Chicago, 1918–19; *Med. H. O., P. B. B. H.*, Sept. 15, 1919–Nov. 1, 1920; Asst. in Med., Yale, 1921; Instr. in Med.,

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*ibid.*, and Res. Phys., New Haven Hosp., 1921-22; Instr. in Med., Emory Univ., and Asst. Visit. Phys., Wesley Mem. and Grady Hospitals, Atlanta, Ga.; Visit. Staff, Spelman Hosp., Spelman Coll.; Phys., U. S. Penitentiary, Atlanta, Ga.; in practice, Atlanta, Ga.

### NICHOLS, ALVORD G.

A.B., Colgate, 1916; M.D., Harv., 1921; Interne, Worcester City Hosp., 1921-23; Act. Asst. Supt., *ibid.*; 2d Asst. Supt., *P. B. B. H.*, Sept. 17, 1923-June 1, 1924; Asst. Med. Director, John Hancock Life Insurance Co., Boston. Died May 18, 1926.

### NICHOLS, 3D, ANDREW

A.B., Harv., 1912; M.D., *ibid.*, 1916; Surg. H. O., B. C. H., 1916-17; Capt., M. C., U. S. Army, 1917-19; 2d Asst. Supt., *P. B. B. H.*, July 1, 1919-Feb. 1, 1921; in practice, Danvers, Mass.

### NOVY, ROBERT LEV

A.B., Univ. of Mich., 1913; M.S., *ibid.*, 1914; M.D., *ibid.*, 1919; *Med. H. O.*, *P. B. B. H.*, April 15, 1919-April 1, 1920; in practice, Detroit, Mich.

### O'CONOR, VINCENT JOHN

B.S., Univ. of Mich., 1915; M.D., Rush Med. Coll., 1917; *Surg. H. O.*, *P. B. B. H.*, Jan. 1, 1917-Jan. 1, 1918; House Surgeon, Presbyterian Hosp., Chicago, Ill., 1918; 1st Lieut., M. C., U. S. Army, 1918-19; *Asst. Res. Surg.*, *P. B. B. H.*, Feb. 15, 1919-July 15, 1920; Urol. Surg., Washington Boulevard Hosp.; Assoc. in G. U. Surg., Univ. of Ill., Sch. of Med.; Urol. Surg., Lutheran-Deaconess Hosp., Chicago; in practice, Chicago, Ill.

### O'MEARA, JOHN WILLIAM

A.B., Holy Cross, 1912; M.D., Harv., 1918; *Surg. H. O.*, *P. B. B. H.*, Jan. 7, 1918-Jan. 7, 1919; Orthopedic H. O., Children's Hosp., Boston, 1919; Comm. for Relief in Near East, in charge of Surg. Wards, American Hosp., Samsoun, Turkey in Asia, 1919-20; Asst. Orthopedic Surg., M. G. H., O. P. D.; Orthopedic Surg., St. Vincent's Hosp., Worcester; in practice, Worcester, Mass.

### OPPENHEIMER, ELLA

A.B., Bryn Mawr, 1914; M.D., Johns Hopkins, 1918; *Med. H. O.*, *P. B. B. H.*, Sept. 1, 1918-June 11, 1919; Phys. in Charge, Baby Summer Hosp. Camp, Washington, D. C., 1920; Examining Phys. (Girls), Juvenile Court, Washington, D. C., 1920-21; Asst. Visit. Phys., Children's Hosp.; Phys., National Training School for Girls; Research Asst., Federal Children's Bureau; Assoc. Pediatrician, Providence Hosp., Washington, D. C.; Director, Div. of Child Hygiene, Children's Bureau, U. S. Dept. of Labor.

### ORMOND, ALEXANDER T.

A.B., Princeton, 1912; M.D., Johns Hopkins, 1919; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1919-March 1, 1921.

### ORR, JR., LOUIS M.

B.S., Emory Coll., 1922; M.D., Atlanta Med. Coll., 1924; Jr. Interne, Grady Hosp., Atlanta, Ga., 1923-24; *Surg. H. O.*, *P. B. B. H.*, July 1,

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1924–Nov. 1, 1925; Asst. Res. Surg., Lakeside Hosp., Cleveland; in practice, Orlando, Fla.

### OUGHTERSON, ASHLEY W.

M.D., Harv., 1924; *Pathol. H. O., P. B. B. H.*, Jan. 1, 1924–Jan. 1, 1925; Surg. H. O., N. Y. Hosp., Jan. 1, 1925–Jan. 1, 1927; Res. Surg., 1st Surg. Div., Bellevue Hosp., N. Y.

### PARKER, JR., FREDERICK

A.B., Harv., 1913; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H.*, March 1, 1917–April 1, 1917.

### PARKINS, LEROY EDWARD

A.B., Simpson Coll., 1912; M.D., Harv., 1918; Asst. Res., Boston Consumptives' Hosp.; Asst. Res., So. Dept., B. C. H.; *Surg. H. O., P. B. B. H.*, Dec. 1, 1918–March 1, 1920; private practice, Douglas, Wyo.; 2d Asst. Supt., *P. B. B. H.*, Jan., 1921–May, 1921; 1st Asst. Supt., *ibid.*, May 1, 1921–Feb. 1, 1923; in practice, Boston.

### PECK, EUGENE CURTIS

A.B., Harv., 1916; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H.*, July 1, 1919–July 1, 1920; Instr. in Physiol. Chem., Tulane Univ., New Orleans, La.; Asst. in Pediatrics, Harv.; Prof. of Biochemistry and Physiol., St. John's Univ., Shanghai, China, 1922–25; Grad. Asst., Children's Med. Serv., M. G. H.

### PENFIELD, WILDER GRAVES

Litt.B., Princeton, 1913; B.A., Oxford, 1916; M.A. and B.Sc., *ibid.*, 1920; M.D., Johns Hopkins, 1918; *Surg. H. O., P. B. B. H.*, Aug. 15, 1918–Sept. 20, 1919; Beit Mem. Research Fellow, England; Assoc. Attend. Surg., Presbyterian Hosp., N. Y.; Asst. Prof. of Surg., Columbia Univ.; Asst. Surg., Neurol. Inst. of N. Y.; Attend. Neurol., Vanderbilt Clin.; in practice, New York City.

### PETTIT, ROSWELL TALMADGE

S.B., Univ. of Chicago, 1908; M.D., Rush Med. Coll., 1913; *Med. H. O., P. B. B. H.*, March 1, 1914–July 1, 1915; Asst. Med. Director, Ottawa Tuberculosis Colony, Ottawa, Ill.; Phys., Illinois Valley Hosp., Ottawa, Ill.; Capt., M. C., U. S. Army; in practice, Ottawa, Ill.

### PRICE, JAMES VALENTINE

A.B., Univ. of N. C., 1915; M.D., Johns Hopkins, 1919; *Surg. H. O., P. B. B. H.*, Oct. 15, 1919–March 1, 1921; Guggenheim Bros., La Paz, Bolivia, S. A.

### QUINLAND, WILLIAM SAMUEL

B.S.; M.D.; Rosenwald Fellow in Pathol., Harv., Sept., 1919–April, 1921; *Asst. in Pathol., P. B. B. H.*, April 14, 1921–July 28, 1922; Pathol., G. W. Hubbard and M. E. Hale Hospitals and Prof. of Pathol., Meharry Med. Coll., Nashville, Tenn.

### RAND, CARL WHEELER

A.B., Williams, 1908; A.M., *ibid.*, 1909; M.D., Johns Hopkins, 1912; Res. H. O., J. H. H., 1912–13; *Asst. Res. Surg., P. B. B. H.*, Oct. 1, 1913–

## PETER BENT BRIGHAM HOSPITAL

Nov. 1, 1914; House Surg., Mercy Hosp., Chicago, Ill., 1914-15; Lieut., M. C., U. S. Army; in practice, Los Angeles, Calif.

### RAPPORT, DAVID

A.B., Harv., 1912; M.D., *ibid.*, 1916; Moseley Travelling Fellow, Harv., 1916-17; *Med. H. O., P. B. B. H.*, March 1, 1917-June 17, 1917; Lieut., M. C., U. S. Army, 1917-19; Austin Teaching Fellow in Physiol., Harv., 1919-20; Instr. in Physiol., *ibid.*; Research Fellow in Physiology, Cornell Univ. Med. Coll., 1921-24; Sr. Instr. in Physiol., Western Reserve Univ. Med. Sch., 1924-26; Asst. Prof. Physiol., *ibid.*

### REIFENSTEIN, BENEDICT W.

B.S., Syracuse, 1920; M.D., *ibid.*, 1922; Pathol. H. O., Hosp. of the Good Shepherd, Syracuse, N. Y.; *Pathol. H. O., P. B. B. H.*, July 1, 1922-July 1, 1923; Med. H. O., New Haven Hosp., 1923-24; Asst. Phys., Syracuse Mem. Hosp.; in practice, Syracuse, N. Y.

### REYNOLDS, LAWRENCE

A.B., Univ. of Ala., 1912; M.D., Johns Hopkins, 1916; Capt., M. C., U. S. Army, 1917-19; *Roentgenologist, P. B. B. H.*, Oct. 15, 1919-June 1, 1922; Roentgenologist, Children's Hosp., Boston, 1922; Roentgenologist, Children's Free Hosp., Detroit, Mich.; Asst. Roentgenologist, Harper Hosp., Detroit; in practice, Detroit, Mich.

### RHEA, LAWRENCE JOSEPH

B.S., Univ. of Texas, 1901; M.D., Johns Hopkins, 1905; H. O. in Pathol., B. C. H., 1906-07; 2d Asst. in Pathol., *ibid.*, 1907; 1st Asst. in Pathol., *ibid.*, 1907-08; Asst. Visit. Pathol., *ibid.*, 1908-09; Asst. in Pathol., Harv., 1908-09; Instr. in Pathol., *ibid.*, 1909-10; Asst. Pathol., B. C. H., 1909-10; Director of Pathol. Lab. and Pathol., Montreal Gen. Hosp., 1910-12; Lect. in Pathol., McGill Univ., 1910-11; Asst. Prof. of Pathol., *ibid.*, 1911-12; *Res. Pathol., P. B. B. H.*, July 1, 1912-Oct. 1, 1913; Asst. Prof. of Pathol., Harv., 1912-13; Assoc. Prof. of Pathol., McGill Univ.; Major, Canadian Army Med. Corps; Director of Pathol. Lab., Montreal General Hosp.

### RHOADS, CORNELIUS PACKARD

A.B., Bowdoin, 1920; M.D., Harv., 1924; *Surg. H. O., P. B. B. H.*, July, 1924-May 18, 1925.

### RICHARDSON, HENRY BARBER

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H.*, March 1, 1915-July 1, 1916; Asst. in Med., Johns Hopkins; Asst. Disp. Phys., J. H. H.; 1st Lieut., M. C., U. S. Army, 1918-19; Instr. in Med., Columbia Univ., N. Y., and Asst. Adjunct Visit. Phys., Bellevue Hosp., N. Y., 1921; Instr. in Med., Cornell, and Research Fellow, Russell-Sage Inst. of Pathol., Bellevue Hosp., N. Y.; Asst. Visit. Phys., Bellevue Hosp.; Asst. Prof. of Med., Cornell Univ. Med. Coll., N. Y.

### RINGER, MICHAEL

B.S., Coll. of City of N. Y., 1915; M.D., Cornell, 1919; Instr. in Exper. Med., Yale, 1919-21; Instr. in Physiol., Cornell, 1921-23; *Med. H. O., P. B. B. H.*, Nov. 1, 1923-Jan. 1, 1925; in practice, N. Y.

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### Ross, J. PATERSON

M.B., B.S., London; F.R.C.S., England; St. Bartholomew's Hosp., England; *Jr. Assoc. in Surg., P. B. B. H.*, April 9, 1923–Sept. 14, 1923.

### SAEGER, ERNEST TIRRILL

B.S., Dart., 1914; M.D., Harv., 1917; *Surg. H. O., P. B. B. H.*, July 1, 1917–Aug. 1, 1918; Res., 1st Surg. Division, Bellevue Hosp., New York; in practice, Boston.

### SCHUMACHER, IRWIN C.

A.B., Univ. of Cal., 1915; M.D., Johns Hopkins, 1919; *Asst. Res. Phys., P. B. B. H.*, Oct. 1, 1920–Sept. 1, 1921; Instr. in Med., Univ. of Cal.; in charge, Clin. Pathol. Dept., and Allergy Clin., Univ. of Cal. Med. Sch.; in practice, San Francisco, Cal.

### SCHWARTZ, CHARLES WADSWORTH

Ph.B., Yale, 1914; M.D., Harv., 1919; *H. O., X-ray Dept., P. B. B. H.*, Feb. 20, 1919–Feb. 20, 1920; Roentgenologist, N. Y. Neurol. Inst.; in practice, New York.

### SCOTT, W. J. MERLE

A.B., Oberlin, 1914; M.D., Johns Hopkins, 1918; A.M., Columbia Univ., 1922; 1st Lieut., M. C., U. S. Army, 1918–19; Asst. in Surg., Henry Ford Hosp., Detroit, Mich., 1918–21; Fellow in Exper. Pathol., Montefiore Hosp., 1921–22; Arthur Tracy Cabot Fellow, Harv., 1922–23; Asst. in Surg., *ibid.*, 1923; *Assoc. in Surg., P. B. B. H.*, Sept. 1, 1922–July 1, 1923; *Asst. Res. Surg., ibid.*, July 1, 1923–July 1, 1924; Res. Surg., Lakeside Hosp., and Instr. in Surg., Western Reserve Univ., Cleveland, Ohio, 1924–26; Asst. Prof. Surg., Univ. of Rochester, Rochester, N. Y.

### SIMON, HILDA AMANDA

M.D., Cooper, 1905; *3d Asst. Supt., P. B. B. H.*, Oct. 5, 1917–March 1, 1919; Supt., Lynn Hosp., Lynn, Mass. (*resigned*).

### SISSON, WARREN RICHARDS

A.B., Colgate, 1906; Stud. of Med., Freiburg, Germany (summer semester), 1910; Stud., Univ. of Munchen (winter semester), 1910–11; Stud., Univ. of Heidelberg (summer semester), 1911; M.D., Johns Hopkins, 1912; House Pupil, M. G. H., Children's Med. Ward, 1912–13; *Med. H. O., P. B. B. H.*, March 1, 1913–March 1, 1914; *Res. Pathol., ibid.*, March 1, 1914–April, 1915; Instr. in Pathol., Harv., 1914–15; H. O., B. C. H., So. Dept., summer of 1915; Sr. H. O., Boston Floating Hosp., 1915; Instr. in Pediatrics, Johns Hopkins; Asst. in Pediatrics, Harv.; Visit. Phys., Boston Lying-In Hosp.; Asst. Phys., Children's Hosp.; in practice, Boston.

### SMILLIE, WILSON GEORGE

A.B., Colorado, 1908; M.D., Harv., 1912; D.P.H., *ibid.*, 1916; *Med. H. O., P. B. B. H.*, Nov. 1, 1912–March 1, 1914; *Asst. Res. Phys., ibid.*, March 1, 1914–Sept. 1, 1914; Asst. Instr., Dept. of Preventive Med., Harv., 1914–16; Research Fellow, Rockefeller Inst., N. Y. City, 1916–17; International Health Board of Rockefeller Foundation, 1917; loaned by the board as Asst. Prof. Hygiene de Faculdade de Medicina, Sao Paulo, Brazil, 1918–20; Director, Institute Hygiene; Prof. of Hygiene, Faculdade de Medicina e

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cirurgia, Sao Paulo, Brazil, 1920-22; Director of Training Base, International Health Board, Andalusia, Ala., 1922-25; Asst. Director for U. S., International Health Board, N. Y.

### SMITH, BARNEY BARR

M.D., Jefferson, 1917; H. O., Jewish Hosp., Philadelphia, Pa., 1917-18; 1st Lieut., M. C., U. S. Army, 1918-19; Asst., X-ray Dept., Lincoln and Beth Israel Hosp., N. Y. City, 1920; *H. O., X-ray Dept., P. B. B. H., April 15, 1920-April 21, 1921*; Assoc. Roent., City Hosp., Buffalo, 1924-26; Instr. in Radiology, Univ. Buffalo Med. Sch.; in practice, Buffalo, N. Y.

### SMITH, JUDSON ARTHUR

A.B., Harv., 1915; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., Feb. 14, 1918-Jan. 30, 1919*; Surg. Serv., New Haven Hosp.; *Asst. Res. Surg., P. B. B. H., June 15, 1921-July 1, 1922*; H. O., Boston Lying-In Hosp., 1922-23; Res. Obstetrician, *ibid.*, 1923-24; in practice, Boston.

### SMITH-PETERSEN, MARIUS NYGAARD

B.S., Univ. of Wis., 1910; Univ. of Wis. Med. Sch., 1910-12; M.D., Harv., 1914; *Surg. H. O., P. B. B. H., July 1, 1914-Nov. 1, 1915*; Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April-July, 1918; House Pupil, M. G. H. (Orthopedic Serv.), 1916; Visit. Orthopedic Surg., M. G. H.; in practice, Boston.

### SOOY, DANIEL WARREN

M.D., Univ. of Cal., 1917; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1921-July 1, 1922*; Instr. in Surg., Univ. of Cal. Med. Sch.; in practice, San Francisco.

### SPILLMAN, RAMSAY

A.B., Cornell, 1914; M.D., *ibid.*, 1917; *Surg. H. O., P. B. B. H., July 1, 1917-March 1, 1918*; Lieut. (j. g.), U. S. N. R. F.; H. O., Columbia Hosp., Washington, D. C., 1918-19; Asst. Visit. Phys., Florence Crittenton Home, 1921-22; Instr. in Roent., Cornell Med. Sch.; Visit. Roent., Beekman St. Hosp.; in practice (Roentgenology), New York City.

### SPURLING, ROY G.

A.B., Univ. of Mo., 1920; A.M., *ibid.*, 1923; M.D., Harv., 1923; *Surg. H. O., P. B. B. H., Nov. 1, 1923-March 1, 1925*; *Asst. Res. Surg., ibid., March 1, 1925-Sept. 1, 1925*; Res. Surg., Louisville City Hosp., Louisville, Ky.; Instr. in Surg., Univ. of Louisville Sch. of Med.

### STATER, WAYNE J.

A.B., Univ. of Oregon, 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H., March 1, 1922-July 1, 1923*; in practice, Portland, Ore.

### STECHER, ROBERT

B.S., Dart., 1919; M.D., Harv., 1923; *Med. H. O., P. B. B. H., Nov. 1, 1924-Nov. 1, 1925*; Research Asst. in Med., Cleveland City Hosp.

### STELLAR, ROBERT W.

B.S., Occidental Coll., Cal., 1919; Univ. of Cal., 2 yrs.; M.D., Harv., 1923; *Surg. H. O., P. B. B. H., Nov. 1, 1923-March 1, 1925*; in practice, Wilmington, Calif.

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### STEVENS, FRANKLIN AUGUSTUS

B.S., Univ. of Iowa, 1913; M.D., *ibid.*, 1915; Res. Phys., Univ. Hosp., Iowa, 1915; Instr. in Med., Univ. of Iowa, 1916-17; *Asst. Res. Phys.*, *P. B. B. H.*, July 21, 1917-Jan. 1, 1918; M. C., U. S. Army, 1918-19; Coolidge Fellow in Med., Columbia Univ., N. Y., 1919-20; Instr. in Med., *ibid.*

### STEWART, STEELE FULLER

B.S., Westminster, Pa., 1912; M.D., Univ. of Pa., 1918; *Surg. H. O.*; *P. B. B. H.*, June 1, 1918-July 1, 1919; Orthopedic Service, Children's Hosp., Boston, 1920; Orthopedic Service, M. G. H., 1921-22; Assoc. Orthopedic Surg., Children's Hosp., Los Angeles, 1922; Asst. Orthopedic Surg., *ibid.*; Jr. Orthopedic Surg., Los Angeles Gen. Hosp.; Orthopedic Surg., San Bernardino County Welfare Commission; Orthopedic Consultant, Nat. Home for Disabled Volunteer Soldiers, Sawtelle, Calif.; in practice, Los Angeles, Calif.

### STIMSON, HORACE POTTLE

A.B., Amherst, 1918; M.D., Harv., 1922; *Surg. H. O.*, *P. B. B. H.*, March 1, 1923-July 1, 1924; *Asst. Res. Surg.*, *ibid.*, Sept. 8, 1924-Dec. 12, 1924; Phys. of Fogg Museum Archaeological Expedition to Mongolia; in practice, Miami, Fla.

### STODDARD, JAMES LEAVITT

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Pathol. H. O.*, *P. B. B. H.*, July 1, 1914-July 1, 1915; *Act. Res. Pathol.*, *ibid.*, July 1, 1915-Sept. 1, 1915; Research Fellow in Pathol., Harv.; Major, M. C., U. S. Army, 1917-19; Lect. in Biochemistry, Smith Coll., 1920-21; Asst. Prof. Biochemistry, Smith Coll., 1921-22; Chemist, M. G. H.; Asst. in Med., Harv.

### STONE, ERIC PERCY

B.S., Harv., 1914, as of 1915; M.D., *ibid.*, 1918; *Surg. H. O.*, *P. B. B. H.*, May 15, 1918-July 1, 1919; *Asst. Res. Surg.*, *ibid.*, Oct. 1, 1919-June 15, 1920; Visit. Urologist, Providence City Hosp.; Asst. Surg., Gynaecological Serv., R. I. Hosp.; Visit. Urol., Pawtucket Mem. Hosp., Pawtucket, R. I.; in practice, Providence, R. I.

### STONE, GEORGE HENRY

A.B., Bowdoin, 1905; M.D., *ibid.*, 1908; H. O., Maine Gen. Hosp., 1908-09; in practice, Clinton, Mass., 1909-11; H. O., B. C. H., 1912-13; Exec. Asst., *ibid.*, 1913-15; 3d Asst. Supt., *P. B. B. H.*, Feb. 1, 1915-May 1, 1917; 2d Asst. Supt., *ibid.*, May 1, 1917-July 1, 1919; Capt., M. C., U. S. Army, 1918-19; Major, Med. Sec., Officers' Reserve Corps, U. S. Army; 1st Asst. Supt., *P. B. B. H.*, July 1, 1919-May 1, 1921; Supt., Eastern Maine Gen. Hosp., Bangor, Me.

### TAFT, ANNIE E.

M.D., Tufts, 1907; *Res. Pathol.*, *P. B. B. H.*, Nov. 5, 1917-Jan. 31, 1918.

### TAFT, ROGER BROWNE

D.M.D., Harv., 1908; Asst. in Oral Surg., *ibid.*, 1910; Instr. in Oral Surg., *ibid.*, Feb. 1, 1919; *Dental Surg.*, *P. B. B. H.*, Jan. 13, 1916-Feb. 13, 1919; Instr. in Operative Dent., Harv.; in practice (Dentistry), Boston.

## PETER BENT BRIGHAM HOSPITAL

TEFFT, JR., RICHARD C.

A.B., Yale, 1916; M.D., Harv., 1920; *Med. H. O., P. B. B. H., March 1, 1921–July 1, 1922.*

TEMPLETON, EARL R.

B.S., Colgate Univ., 1914; M.D., Syracuse, 1920; *Pathol. H. O., P. B. B. H., July 6, 1920–July 1, 1921;* Med. H. O., New Haven Hosp., 1921–22; Res. in Med., Buffalo City Hosp., 1922; Clin. Asst. in Med., *ibid.*; in practice, Buffalo, N. Y.

THAXTER, LANGDON THOM

A.B., Williams, 1911; M.D., Harv., 1915; Med. House Pupil, M. G. H., 1915–16; *Surg. H. O., P. B. B. H., Nov. 14, 1916–July, 1917;* in practice (Orthopedic Surg.), Portland, Me.

THOMPSON, CHARLES BAKER

A.B., Haverford, 1909; M.D., Johns Hopkins, 1913; *Med. H. O., P. B. B. H., Nov. 1, 1913–Nov. 1, 1914;* 2d Asst. Res., Phipps Psychiatric Clin., J. H. H., 1914–15; 1st Asst. Res., *ibid.*, 1915–16; Examining Psychiatrist and Executive Secretary, Mental Hygiene Soc. of Md.; Editor, Mental Health; School Psychiatrist, Health Dept., Baltimore Public Schools; in practice, Baltimore, Md.

TOWLERTON, FLETCHER JOHNSON

A.B., Harv., 1917; M.D., *ibid.*, 1921; H. O., Collis P. Huntington Mem. Hosp., 1919–20; *Surg. H. O., P. B. B. H., July 1, 1921–Nov. 1, 1922;* Phys., Wayne County Home, N. Y., 1923; Visit. Surg., Lyons Hosp., Lyons, N. Y.; in practice, Lyons, N. Y.

TOWNE, EDWARD BANCROFT

A.B., Harv., 1906 (1907); M.D., *ibid.*, 1913; *Surg. H. O., P. B. B. H., July 1, 1913–Nov. 1, 1914;* *Asst. Res. Surg., ibid., Nov. 1, 1914–Nov. 1, 1915;* Surg., 2d Harv. Unit, B. E. F., France, 1915–16; Vol. Asst. in Exp. Bacteriol., Mayo Foundation, Rochester, Minn., 1916; Fellow *pro tempore*, Mayo Foundation, 1916–17; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1916–May 7, 1917;* Major, M. C., U. S. Army, May, 1917–19; Assoc. Clin. Prof. of Surg., Leland Stanford Junior Univ., San Francisco; in practice, San Francisco, Calif.

TRANTER, CHARLES LEE

B.S., Univ. of Cal., 1911; M.D., *ibid.*, 1913; Med. and Surg. H. O., Univ. of Cal. Hosp., 1913–14; Asst., Nerve O. P. D., *ibid.*, 1914–15; Asst. in Neurol., Univ. of Cal., 1915; *Asst. Res. Surg., P. B. B. H., Jan. 8, 1916–Jan. 1, 1917;* Asst. in Neurol., Univ. of Cal., 1917; Capt., M. C., U. S. Army; in practice, San Francisco.

TURNBULL, GEORGE CLARENCE

M.D., Northwestern Univ., 1922; H.O., Gen. Serv., Surg. and Obstetrics, Evanston Hosp., Evanston, Ill., 1922–23; Asst. in Pathol., Northwestern Univ., 1920–22; *Med. H. O., P. B. B. H., March 1, 1923–July 1, 1924;* Phys. (special), Yale, Dept. Univ. Health, New Haven, Conn., 1924–26; Clin. Asst., Dept. Int. Med., Yale Univ. Sch. of Med., 1924–26; Post-Grad. work in Medicine and Pathol., Vienna, Austria.

## REGISTER OF FORMER MEMBERS OF THE STAFF

### TURNER, RALPH WALDO

M.D., Albany Med. School, 1917; *Surg. H. O., P. B. B. H.*, Dec. 23, 1917–May 2, 1918; Lieut., M. C., U. S. Army. (Deceased.)

### VAIL, HARRIS HOLMES

A.B., Yale, 1912; M.D., Harv., 1917; *Surg. H. O., P. B. B. H.*, March 1, 1916–May 3, 1917; Lieut., M. C., U. S. Navy, 1917–19; *Vol. Asst., P. B. B. H.*, *Surg. Serv.*, Jan. 5, 1920–April 10, 1920; H. O., Aural, Mass. Eye and Ear Infir., 1920–21; Clinician, Ear, Nose and Throat Clin., Cincinnati Gen. Hosp.; Attend. Laryngologist, Cincinnati Gen. Hosp.; Attend. Laryngologist, Cincinnati Tuberculosis Sanatorium; Asst. Attend. Laryngologist, Episcopal Hosp. for Children, Cincinnati; Asst. in Otolaryngology, Med. Coll. of Univ. of Cincinnati; in practice, Cincinnati, Ohio.

### VAN GORDER, GEORGE WILSON

A.B., Williams, 1911; M.D., Harv., 1915; *Surg. H. O., P. B. B. H.*, March 1, 1915–July 1, 1916; House Surg., St. Anthony Hosp., Labrador, 1916; Med. House Pupil, M. G. H., 1916–17; House Surg., Free Hosp. for Women, Brookline; Capt., M. C., U. S. Army; Assoc. Prof. Surg. and Assoc. in Surg., Peking Union Med. Coll., Peking, China.

### VAN WAGENEN, WILLIAM P.

M.D., Harv., 1922; *Surg. H. O., P. B. B. H.*, Nov. 1, 1922–March 1, 1924; *Asst. Res. Surg.*, *ibid.*, Oct. 1, 1924–Nov. 1, 1925.

### VAUGHAN, WARREN TAYLOR

A.B., Univ. of Mich., 1913; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H.*, July 1, 1916–Nov. 7, 1917; M. C., U. S. Army, Nov. 7, 1917–July 27, 1919; Asst. in Preventive Med. and Hygiene, Harv., 1919–20; Attnd. Phys., St. Elizabeth's Hosp., Richmond, Va., 1920–22; Lt. Col., M. O. R. C., C. O. Genl. Hosp., 41; Staff, Retreat Hosp.; Pres., 1924–25; Consult. Phys., Evangeline Booth Hosp.; Consult. Phys., Children's Home Society of Virginia; in practice, Richmond, Va.

### VICKERS, DENVER M.

A.B., Colorado Coll., 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H.*, July, 1921–Nov. 1, 1922; Asst. Res., McClellan Hosp., N. Y.

### VIETS, HENRY ROUSE

B.S., Dart., 1912; M.D., Harv., 1916; *Surg. H. O., P. B. B. H.*, March 1, 1917–Aug. 16, 1917; Capt., M. C., U. S. Army, 1917–19; Major, M. R. C., U. S. Army; Instr. in Neurol., Harv.; Asst. Neurol., M. G. H.; Asst. Visit. Neurol., Long Island Hosp., Boston; in practice, Boston.

### VOGT, EDWARD C.

M.D., Univ. of Iowa, 1923; Interne, St. Vincent's Hosp., Toledo, Ohio, 1923–24; *H. O., X-ray Dept., P. B. B. H.*, Sept. 12, 1924–March 1, 1925; *Asst. Res. in Roent.*, *ibid.*, March 1, 1925.

### WAKEMAN, EDWARD T.

B.A., Yale, 1919; M.D., *ibid.*, 1922; *Med. H. O., P. B. B. H.*, July 1, 1922–Nov. 1, 1923; in practice, New Haven, Conn.

### WALKER, CLIFFORD BLACK

S.B., Univ. of Cal., 1906; Stud., Univ. of Cal. Med. Sch., 1907–10; M.D., Johns Hopkins, 1911; M.D., *ibid.*, 1912; Asst. to Dr. Cushing, 1911–12;

## PETER BENT BRIGHAM HOSPITAL

Sr. Ophthal. House Surg., Mass. Eye and Ear Infir., Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; *Assoc. in Surg., P. B. B. H., March 1, 1915–April 25, 1918*; Asst. in Ophthal., Harv., 1916–18; in practice, Springfield, Mass.

### WALKER, WILLIAM G.

M.D., Univ. of Iowa; 3 mos. Pathol. Dept., *ibid.*; 1 yr. Interne, Univ. of Iowa Hosp.; 1 yr. Clin. Asst., *ibid.*; 2½ mos. Clin. Microscopy, *ibid.*; *Vol. Grad. Asst., Med. Service, P. B. B. H., March 28, 1922–Sept. 25, 1922*; *Jr. Assoc. in Med., ibid., Sept. 25, 1922–July 1, 1924*; Chief, Med. Serv., Brockton Hosp.; in practice, Brockton, Mass.

### WARREN, JR., WILLIAM CHESTER

B.S., Emory Univ.; M.D., *ibid.*; *Surg. H. O., P. B. B. H., March 28, 1922–July 1, 1923*; Asst. and House Surg., Manhattan Ear, Nose and Throat Hosp., N. Y., 1923–24; Grad. Stud., Vienna, Austria; *Assoc. Instr., O. R. L. Serv., Emory Univ.*; in practice, Atlanta, Ga.

### WATKINS, S. SHELTON

A.B., Center Coll. of Ky., 1908; A.M., *ibid.*, 1909; M.D., Johns Hopkins, 1914; Med. and Surg. H. O., Church Home and Infir., Baltimore, 1914; *3d Asst. Supt., P. B. B. H., May 1, 1914–Jan. 15, 1915*; Asst. in Clin. Laryngology, Johns Hopkins; Asst. Disp. Laryngologist, J. H. H.; Asst. Res. Surg., *ibid.*; Mem. of Dr. L. F. Barker's Staff at 1035 No. Calvert St., Baltimore, Md.; Lieut., M. C., U. S. Navy, 1917–19; in practice, Louisville, Ky.

### WEARN, JOSEPH TRELOAR

B.S., Davidson, 1913; M.D., Harv., 1917; *Med. H. O., P. B. B. H., June 15, 1917–June 15, 1918*; 1st Lieut., M. C., U. S. Army, 1917–19; *Asst. Res. Phys., P. B. B. H., Sept. 1, 1919–Aug. 15, 1921*; Instr. in Pharm., Univ. of Penn., 1921–23; Instr. in Med., Harv., 1923–24; Asst. Prof. of Med., *ibid.*; Asst. Phys., Thorndike Lab., B. C. H.; Jr. Visit. Phys., *ibid.*

### WEGEFARTH, PAUL

A.B., Johns Hopkins, 1908; Stud. of Med., Strassburg and Berlin, Germany, 1909–11; M.D., Johns Hopkins, 1912; *Surg. H. O., P. B. B. H., Nov. 1, 1912–March 1, 1914*; Res. Phys., Church Home Infirmary, Baltimore, 1914–15; Phys., San Diego, Cal., 1914–17; Commissioned 1st Lieut., M. C., September, 1917; on duty at Camp Meade, September–December, 1917; on duty at Army Neuro-Surg. Lab., Baltimore, December, 1917–April, 1919; with temporary duty at Camp Jackson and Camp Lee, 1918–19; commissioned Capt. M. C., May, 1918; discharged May, 1919, from Letterman Gen. Hosp., San Francisco, Cal.; in practice at San Diego, May, 1919, until December, 1921; developed tuberculosis; in sanatorium at Phoenix, Ariz., and Colorado Springs, Colo. *Died March 29, 1923.*

### WEISMAN, PAUL GERHARDT

B.S., Univ. of Mich., 1911; M.D., *ibid.*, 1913; H. O., Providence City Hosp. (Contagious Wards), 1914; H. O., R. I. Hosp., 1914–16; *Asst. Res. Phys., P. B. B. H., April 1, 1916–Aug. 1, 1916*; Asst. Res., Union Prot.

## REGISTER OF FORMER MEMBERS OF THE STAFF

Infirm., Baltimore, 1917; Res., *ibid.*, 1917-18; Lieut., M. C., U. S. Army, 1918; in practice, Colfax, Wash.

### WELBOURN, MARSHALL AGNEW

B.S., Univ. of Mich., 1913; M.D., *ibid.*, 1915; *Assoc. in Med., P. B. B. H., July 1, 1915-March 1, 1916; Med. H. O., ibid., March 1, 1916-July 1, 1917;* Capt., M. C., U. S. Army, 1917-19; Instr. in Int. Med., Univ. of Mich., 1919-20; in charge of laboratories, Westlake Hosp., Los Angeles, Cal.; Med. Staff, Selwyn Emmet Graves Mem. Disp., Univ. of Calif.; Attend. Staff, California Lutheran Hosp.; in practice, Los Angeles, Cal.

### WELLS, GUY

Ph.B., Brown Univ., 1916; M.D., Cornell, 1920; Interne, R. I. Hosp., 1920-22; *Asst. Res. Phys., P. B. B. H., Aug. 1, 1922-March 1, 1924;* in practice, Providence, R. I.

### WELLS, WARD STANLEY

S.B., Grinnell, 1909; M.D., Harv., 1916; *Assoc. in Med., P. B. B. H., July 1, 1916-April 8, 1917; Med. H. O., ibid., April 8, 1917-July 18, 1917;* Major, M. C., U. S. Army, Letterman Gen. Hosp., Presidio of San Francisco, Calif.; Instr. in Clin. Electro-Cardiography, Army Med. Center, Washington, D. C.

### WENTWORTH, JOHN ALEXANDER

A.B., Bowdoin, 1909; M.D., Harv., 1913; H. O., Hartford Hosp., Hartford, Conn., 1913-15; *Sr. Med. H. O., P. B. B. H., July 1, 1915-Nov. 1, 1915;* Alumni Asst., Clin. Pathol., Harv.; Asst., Harv. Infantile Paralysis Comm., Fall, 1916; *Asst. Res. Phys., P. B. B. H., Nov. 1, 1915-Aug. 1, 1917;* Assoc. Phys., Clifton Springs Sanitarium, N. Y., 1917-18; 1st Lieut., M. C., U. S. Army, 1918-19; Phys., Clifton Springs Sanitarium, N. Y., 1919-21; Asst. Visit. Phys., Hartford Hosp.; in practice, Hartford, Conn.

### WEST, HOWARD FRANK

A.B., Stanford, 1912; M.D., *ibid.*, 1915; Interne, Lane Hosp., San Francisco, 1915-17; *Asst. Res. Phys., P. B. B. H., Sept. 15, 1917-Oct. 15, 1917; Act. Res. Phys., ibid., Oct. 15, 1917-Jan. 1, 1918; Res. Phys., ibid., Jan. 1, 1918-April 15, 1920;* Alumni Asst. in Med., Harv., 1918-20; Assoc. Phys., Diabetic Serv., Children's Hosp., Los Angeles; Assoc. Med. Director, Los Angeles Metabolic Clin.; in practice, Los Angeles, Calif.

### WHEELER, DANIEL W.

S.B., Knox Coll., 1915; M.D., Rush Med. Coll., 1920; *Asst. Res. Surg., P. B. B. H., June 1, 1921-March 1, 1922;* Fellow in Pathol., Rush Med. Coll., 1920-21; Fellow, Trudeau Foundation, 1922; Asst. Res. Phys., Trudeau Sanatorium, 1923; Asst. Med. Director, Nopeming Sanatorium, Nopeming, Minn., 1924; in practice, Duluth, Minn.

### WHITING, WALTER BELKNAP

2 yrs. pre-med. work, Wash. and Lee Univ., and Cornell Summer Sch.; M.D., Harv., 1923; *Med. H. O., P. B. B. H., July 1, 1923-Nov. 1, 1924; Asst. Res. Phys., ibid., Nov. 1, 1924-July 1, 1925;* Phys., Wichita Clin. Hosp.; in practice, Wichita Falls, Texas.

## PETER BENT BRIGHAM HOSPITAL

### WHITNEY, RAYMOND CYRUS

B.S., Middlebury, 1914; M.D., Harv., 1918; *Surg. H. O., P. B. B. H., Jan. 10, 1918–Oct. 28, 1918*; American Relief Comm., Near East, Caesarea, Turkey in Asia, American Hosp.; H. O., Mass. Eye and Ear Infir., 1920–22; Ophthalmologist, St. Luke's Hosp., New Bedford; in practice (Ophthalmology), New Bedford, Mass.

### WILENS, GUSTAV

Ph.B., Yale, 1920; M.D., *ibid.*, 1923; *Pathol. H. O., P. B. B. H., July 1, 1923–July 1, 1924*; Res. Pathol., Children's Hosp., Boston; Instr. in Pathol., Harv., 1924–25; H. O. in Pediatrics, Children's Hosp., Boston, 1926–27; Director of Laboratories, Truesdale Hosp., Fall River, Mass.; Asst. Pediatrician, *ibid.*

### WILMAERS, ALBERT

M.D., Univ. of Brussels, 1921; Interne, Hospitals of Brussels; 3 mos. as Asst. to Prof. Vaquez, Paris; worked under Dr. DeMoor and Dr. DeMeyer; Physiol. Inst., Univ. of Brussels; Fellow, C.R.B., Educational Foundation; *Vol. Grad. Asst., P. B. B. H., Sept. 22, 1922–Sept. 15, 1923; Act. Asst. Res. Phys., ibid., Sept. 15, 1923–Nov. 15, 1923*; Asst. in General Path., Univ. of Brussels; in practice, Brussels, Belgium.

### WILSON, DAVID COLE

B.A., Univ. of Va., 1912; M.D., *ibid.*, 1919; Interne, Univ. of Va. Hosp., 1919; *Med. H. O., P. B. B. H., Dec. 15, 1919–March 1, 1921*; Phys., Clifton Springs San., Clifton Springs, N. Y.

### WILSON, JAMES ROBERT

M.D., Syracuse Univ., 1921; Instr., *ibid.*; Asst. in Pathol., Harv.; Res. Pathol., Children's Hosp., Boston; Instr., Dept. Pathol., Harv.; *Res. Pathol., P. B. B. H., Sept. 15, 1923–July 1, 1924*; Asst. in Clin. Pediatrics, Cornell Med. School, N. Y.; Asst. Attend. Pediatrician, Out-Patient Dept., N. Y. Nursery and Child's Hosp., New York; Pathologist, *ibid.*; Asst. Attend. Pediatrician, Pediatric Serv. of Dr. Schloss.

### WILSON, RICHARD B.

B.S., Emory Univ., 1920; M.D., *ibid.*, 1922; H. O., Boston Psycho. Hosp., 1922–23; *Vol. Grad. Asst. in Pathol., P. B. B. H., Sept. 10, 1923–March 1, 1924; Med. H. O., ibid., March 1, 1924–July 1, 1925*; Post-Grad. work at Inst. for Brain Anatomy, Amsterdam, Holland, 1925–26; Post-Grad. work in Neuro-Pathol., Hamburg, Germany.

### WISLOCKI, GEORGE BERNAYS

A.B., Washington Univ.; M.D., Johns Hopkins, 1916; Asst. in Anat., *ibid.*, 1916–17; Arthur Tracy Cabot Fellow, Harvard, 1917–20; *Assoc. in Surg., P. B. B. H., March 25, 1920–Oct. 1, 1920*; Assoc. Prof. of Anat., Johns Hopkins, Baltimore, Md.

### WOOD, R. HUGH

M.D., Med. Coll. of Va., 1921; Interne, St. Elizabeth's Hosp., Richmond, Va., 1922; Res. Pathol., Mem. Hosp., Richmond, Va., 1922–23; *Med. H. O., P. B. B. H., March 1, 1923–July 1, 1924*; Chief Res., Grady Hosp., Atlanta, Ga., 1924–26; in practice, Atlanta, Ga.

## REGISTER OF FORMER MEMBERS OF THE STAFF

### WOOD, RUSSELL

A.B., Harv., 1916; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., March 1, 1921–July 1, 1922*; Grad. Asst. in Med., M. G. H., 1922; H. O., So. Dept., B. C. H., 1922–23; Asst. Visit. Phys., St. Luke's Hosp., New Bedford, Mass.; in practice, New Bedford, Mass.

### WOODS, ALAN CHURCHILL

A.B., Johns Hopkins, 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., July 1, 1914–Nov. 1, 1915*; Fellow and Assoc. in Exper. Med. and Asst. in Ophthal., Univ. of Pa.; Major, M. C., U. S. Army, 1917–19; Assoc. in Ophthal., Johns Hopkins; Visit. Ophthal., *ibid.*; in practice (Ophthalmology), Baltimore, Md.

### WOODWARD, HARRY WHITING

A.B., Bowdoin, 1910; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., March 1, 1915–July 1, 1916*; H. O., Boston Lying-In Hosp., 1916; Capt., Royal Army Med. Corps; Visit. Staff, Surg. Services, Glockner Hosp. and Sanatorium, Bethel Hosp., Colorado Springs, Colorado; in practice, Colorado Springs.

### WRIGHT, MARY

A.B., Vassar, 1911; M.D., Johns Hopkins, 1917; *Med. H. O., P. B. B. H., July 1, 1917–Sept. 17, 1918*; H. O. (Pediatrics), M. G. H., 1918–19; H. O., St. Louis Children's Hosp., 1919; Asst. Res., St. Louis Children's Hosp., 1919–20; Phys. to Children's Med. O. P. D., M. G. H.; Attend. Phys., N. E. Hosp. for Women and Children; in practice, Boston. *Died, Jan. 13, 1927.*

### WULFFAERT, FRANZ RÉNE

B.A., Brussels, 1906; B.S., *ibid.*, 1907; M.D., *ibid.*, 1912; Asst. Phys., St. John's Hosp., Brussels, 1913; Res. Anesthetist, St. Mary's Hosp., London, Eng., 1915; *Pathol. H. O., P. B. B. H., Jan. 15, 1918–July 1, 1918*; *Res. Pathol., ibid., July 1, 1918–March 31, 1919*; Asst. in Pathol., Harv., 1918–19; Asst. Surg. (Gynecology), St. John's Hosp., Brussels, 1919–23; Asst. Surg., Univ. Brussels, 1923–25; in practice, Brussels, Belgium.

### WYNN, JAMES

B.S., Indiana Univ., 1917; M.D., *ibid.*, 1919; M.D., *cum laude*, *ibid.*, 1920; *Asst. Res. Phys., P. B. B. H., July 1, 1920–Oct. 4, 1921*; Alternate on Visit. Staff, Indianapolis City Hosp., Indianapolis; Research Fellow, Indiana Univ. Med. Sch.

### YOAKAM, WAYNE ADDISON

B.S., Denison Univ., 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., July 1, 1920–Nov. 1, 1921*; Obst. H. O., Boston Lying-In Hosp., 1921–22; Henry Ford Hosp., 1922–25; Assoc. Attend. Obstetrician, Providence Hosp. and Herman Keifer Hosp.; Obstetrical Consultant, St. Joseph Mercy Hosp., Detroit, Mich.; in practice, Detroit, Mich.

## Officers of the Institution, 1927

*President*

CHARLES P. CURTIS

*Treasurer*

EDMUND D. CODMAN

*Secretary*

LAURENCE H. H. JOHNSON

## MEMBERS OF THE CORPORATION

### *Appointed*

Jan. 5, 1921	*WILLIAM AMORY . . . . .	341 Beacon St.,	Boston
Mar. 26, 1925	HARRY L. BAILEY . . . . .	93 Franklin St.,	Boston
May 8, 1902	EDMUND D. CODMAN . . . . .	27 Kilby St.,	Boston
Apr. 15, 1915	CHARLES P. CURTIS . . . . .	71 Ames Building,	Boston
Mar. 26, 1925	PAUL E. FITZPATRICK . . . . .	104 Kingston St.,	Boston
Dec. 11, 1919	LOUIS A. FROTHINGHAM . . . . .	911 Barristers' Hall,	Boston
June 16, 1909	†IRVIN McD. GARFIELD . . . . .	30 State St.,	Boston
Feb. 7, 1918	FRANCIS L. HIGGINSON, JR. . . . .	44 State St.,	Boston
May 8, 1902	HENRY S. HOWE . . . . .	53 State St.,	Boston
May 8, 1902	LAURENCE H. H. JOHNSON . . . . .	27 Kilby St.,	Boston
Mar. 27, 1924	RICHARD S. RUSSELL . . . . .	50 State St.,	Boston
May 8, 1902	WILLIAM R. TRASK . . . . .	10 State St.,	Boston

## STANDING COMMITTEES OF THE CORPORATION

### *Building Committee*

WILLIAM AMORY, *Chairman*  
CHARLES P. CURTIS  
LAURENCE H. H. JOHNSON  
HARRY L. BAILEY  
JOSEPH B. HOWLAND, M.D., *Secretary*

### *Auditing Committee*

WILLIAM R. TRASK

\* Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1930.

† Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1927.

## OFFICERS OF THE INSTITUTION

### *Committee on Finances*

HENRY S. HOWE  
EDMUND D. CODMAN  
LAURENCE H. H. JOHNSON  
RICHARD S. RUSSELL

### *Committee on Nominations*

CHARLES P. CURTIS  
EDMUND D. CODMAN

### *Committee on Rules*

CHARLES P. CURTIS  
EDMUND D. CODMAN  
IRVIN McD. GARFIELD

## VISITING COMMITTEE FOR 1926

CHARLES P. CURTIS . . . . .	January
PAUL E. FITZPATRICK . . . . .	February
HENRY S. HOWE . . . . .	March
WILLIAM R. TRASK . . . . .	April
LAURENCE H. H. JOHNSON . . . . .	May
LOUIS A. FROTHINGHAM . . . . .	June
EDMUND D. CODMAN . . . . .	July
FRANCIS L. HIGGINSON, JR. . . . .	August
IRVIN McD. GARFIELD . . . . .	September
HARRY L. BAILEY . . . . .	October
WILLIAM AMORY . . . . .	November
RICHARD S. RUSSELL . . . . .	December

## VISITING COMMITTEE FOR 1927

CHARLES P. CURTIS . . . . .	January
PAUL E. FITZPATRICK . . . . .	February
HENRY S. HOWE . . . . .	March
WILLIAM R. TRASK . . . . .	April
LAURENCE H. H. JOHNSON . . . . .	May
LOUIS A. FROTHINGHAM . . . . .	June
EDMUND D. CODMAN . . . . .	July
FRANCIS L. HIGGINSON, JR. . . . .	August
IRVIN McD. GARFIELD . . . . .	September
HARRY L. BAILEY . . . . .	October
WILLIAM AMORY . . . . .	November
RICHARD S. RUSSELL . . . . .	December

## MEDICAL ADVISER TO CORPORATION

*Appointed*

July 9, 1914 FREDERICK C. SHATTUCK, M.D.

PETER BENT BRIGHAM HOSPITAL  
EXECUTIVE COMMITTEE OF THE STAFF

HENRY A. CHRISTIAN, M.D.  
HARVEY CUSHING, M.D.  
S. BURT WOLBACH, M.D.  
JOSEPH B. HOWLAND, M.D., *Secretary*

ADMINISTRATIVE DEPARTMENT

*Superintendent*

*Service began*

May 1, 1919 JOSEPH B. HOWLAND, M.D.

*Assistant Superintendents*

Jan. 8, 1923 B. HENRY MASON, M.D.  
Dec. 15, 1924 LESLIE H. WRIGHT, M.D.

*Executive Assistant*

Sept. 21, 1921 MARGARET COPELAND, R.N.

BOARD OF CONSULTATION

*Appointed*

Mar. 25, 1912 WALTER B. CANNON, M.D., *Consulting Physiologist*  
Mar. 25, 1912 OTTO FOLIN, Ph.D., *Consulting Chemist*  
Dec. 8, 1921 FRANCIS W. PEABODY, M.D., *Consulting Physician*  
Jan. 13, 1916 WILLIAM H. POTTER, D.M.D., *Consulting Dental Surgeon*  
Apr. 12, 1923 HANS ZINSSER, M.D., *Consulting Bacteriologist*

MEDICAL DEPARTMENT

*Service began*

May 1, 1912 HENRY A. CHRISTIAN, M.D., *Physician-in-Chief*  
July 1, 1912 CHANNING FROTHINGHAM, M.D., *Physician*  
Sept. 1, 1922 REGINALD FITZ, M.D., *Physician*  
Sept. 1, 1925 CYRUS C. STURGIS, M.D., *Physician*  
Dec. 12, 1912 NATHANIEL K. WOOD, M.D., *Associate in Medicine*  
July 1, 1915 GEORGE P. DENNY, M.D., *Associate in Medicine*  
July 1, 1915 JAMES P. O'HARE, M.D., *Associate in Medicine*  
Sept. 1, 1915 I. CHANDLER WALKER, M.D., *Associate in Medicine*  
Aug. 8, 1919 SAMUEL A. LEVINE, M.D., *Associate in Medicine*  
Sept. 12, 1919 DONALD J. MACPHERSON, M.D., *Associate in Medicine*  
Apr. 14, 1921 FRANCIS C. HALL, M.D., *Associate in Medicine*  
Apr. 13, 1922 HOWARD F. ROOT, M.D., *Associate in Medicine*  
Feb. 12, 1925 GEORGE R. MINOT, M.D., *Associate in Medicine*  
Nov. 12, 1925 GUSTAVE P. GRABFIELD, M.D., *Associate in Medicine*  
May 10, 1926 WILLIAM P. MURPHY, M.D., *Associate in Medicine*  
May 10, 1926 EDWARD S. EMERY, JR., M.D., *Associate in Medicine*  
Sept. 1, 1926 ROBERT T. MONROE, M.D., *Associate in Medicine*  
Sept. 1, 1926 WILLIAM RANDOLPH GRAHAM, M.D., *Junior Associate in Medicine*

## OFFICERS OF THE INSTITUTION

Oct. 1, 1926	A. BARKLIE COULTER, M.D., <i>Junior Associate in Medicine</i>
Dec. 1, 1926	HARRY H. BLOTNER, M.D., <i>Junior Associate in Medicine</i>
July 1, 1925	HOWARD L. ALT, M.D., <i>Assistant Resident Physician</i>
Sept. 1, 1925	CHARLES L. BROWN, M.D., <i>Resident Physician</i>
Nov. 15, 1925	ABNER W. CALHOUN, M.D., <i>Assistant Resident Physician</i>
July 1, 1926	JAMES S. READ, M.D., <i>Assistant Resident Physician</i>
Aug. 1, 1926	LYMAN H. HOYT, M.D., <i>Assistant Resident Physician</i>
Dec. 1, 1926	WILLIAM B. STEVENS, M.D., <i>Assistant Resident Physician</i>

## SURGICAL DEPARTMENT

*Service began*

Sept. 1, 1912	HARVEY CUSHING, M.D., <i>Surgeon-in-Chief</i>
May 1, 1912	JOHN HOMANS, M.D., <i>Surgeon</i>
Oct. 1, 1912	DAVID CHEEVER, M.D., <i>Surgeon</i>
June 19, 1916	WILLIAM C. QUINBY, M.D., <i>Urological Surgeon</i>
Oct. 9, 1919	GILBERT HORRAX, M.D., <i>Associate in Neurological Surgery</i>
June 12, 1924	LYMAN G. RICHARDS, M.D., <i>Associate in Otolaryngology</i>
Nov. 17, 1914	HILBERT F. DAY, M.D., <i>Associate in Surgery</i>
Sept. 14, 1923	PERCIVAL BAILEY, M.D., <i>Associate in Surgery</i>
June 15, 1924	FRANCIS C. NEWTON, M.D., <i>Associate in Surgery</i>
Aug. 1, 1925	TRACY JACKSON PUTNAM, M.D., <i>Associate in Surgery</i>
Jan. 10, 1927	ARTHUR J. MCLEAN, M.D., <i>Associate in Surgery</i>
Oct. 1, 1926	CLARE E. BIRD, M.D., <i>Resident Surgeon</i>
Sept. 1, 1925	LESTER R. WHITAKER, M.D., <i>Assistant Resident Surgeon</i>
Oct. 15, 1926	JOHN H. POWERS, M.D., <i>Assistant Resident Surgeon</i>
Aug. 1, 1926	BERNARD G. SCHOLEFIELD, M.D., <i>Assistant Resident Surgeon</i>
Oct. 1, 1926	HUGH WILLIAM BELL CAIRNS, M.D., <i>Asst. Resident Surgeon</i>

## PATHOLOGICAL DEPARTMENT

*Service began*

Dec. 1, 1916	S. BURT WOLBACH, M.D., <i>Pathologist</i>
Sept. 1, 1926	HENRY PINKERTON, M.D., <i>Resident Pathologist</i>

## ROENTGENOLOGICAL DEPARTMENT

*Service began*

May 15, 1922	MERRILL C. SOSMAN, M.D., <i>Roentgenologist</i>
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## DENTAL SURGEON

*Service began*

Nov. 7, 1922	HAROLD A. KENT, M.D.
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## MEDICAL HOUSE OFFICERS

*Service began*

Nov. 1, 1924 . . .	ARTHUR N. CURTISS, M.D. . . . .	Service ended Mar. 1, 1926
Dec. 15, 1924 . . .	LUNEY V. RAGSDALE, M.D. . . . .	Mar. 1, 1926
Mar. 1, 1925 . . .	CHARLES P. WILSON, M.D. . . . .	July 1, 1926
Mar. 1, 1925 . . .	LOUIS G. HERRMANN, M.D. . . . .	July 1, 1926

## PETER BENT BRIGHAM HOSPITAL

July 1, 1925 . . .	EMIL A. FALK, M.D. . . . .	Nov. 1, 1926
July 1, 1925 . . .	HOMER W. HUMISTON, M.D. . . . .	Nov. 1, 1926
		<i>Service will end</i>
Nov. 1, 1925 . . .	JOSEPH C. MASSEE, M.D. . . . .	Mar. 1, 1927
Jan. 1, 1927 . . .	M. HERBERT BARKER, M.D. . . . .	Mar. 1, 1927
Mar. 1, 1926 . . .	MARSHALL N. FULTON, M.D. . . . .	July 1, 1927
Mar. 1, 1926 . . .	WILLIAM H. POTTS, JR., M.D. . . . .	July 1, 1927
July 1, 1926 . . .	ALBERT H. MANN, M.D. . . . .	Nov. 1, 1927
July 1, 1926 . . .	ROBERT J. SCHNECK, M.D. . . . .	Nov. 1, 1927
Nov. 1, 1926 . . .	MATTHEW C. RIDDLE, M.D. . . . .	Mar. 1, 1928
Nov. 1, 1926 . . .	HARRISON D. HUGGINS, M.D. . . . .	Mar. 1, 1928

## SURGICAL HOUSE OFFICERS

<i>Service began</i>		<i>Service ended</i>
Nov. 1, 1924 . . .	DAVID M. RIOCH, M.D. . . . .	Mar. 1, 1926
Nov. 1, 1924 . . .	SELLING BRILL, M.D. . . . .	Mar. 1, 1926
Mar. 1, 1925 . . .	THEODORE C. GREENE, M.D. . . . .	July 1, 1926
Mar. 1, 1925 . . .	JOHN M. FALLON, M.D. . . . .	July 1, 1926
July 1, 1925 . . .	FRANC D. INGRAHAM, M.D. . . . .	Nov. 1, 1926
July 1, 1925 . . .	ARTHUR J. McLEAN, M.D. . . . .	Nov. 1, 1926

		<i>Service will end</i>
Nov. 1, 1925 . . .	DANIEL R. HIGBEE, M.D. . . . .	Mar. 1, 1927
Nov. 1, 1925 . . .	JOHN I. BRADLEY, M.D. . . . .	Mar. 1, 1927
Mar. 1, 1926 . . .	LYNN FORT, JR., M.D. . . . .	July 1, 1927
Mar. 1, 1926 . . .	THEODORE R. DAYTON, M.D. . . . .	July 1, 1927
July 1, 1926 . . .	JOSEPH S. BARR, M.D. . . . .	Nov. 1, 1927
July 1, 1926 . . .	WILLIAM J. GERMAN, M.D. . . . .	Nov. 1, 1927
Nov. 1, 1926 . . .	L. CAMERON HAIGHT, M.D. . . . .	Mar. 1, 1928
Nov. 1, 1926 . . .	TRYGVE GUNDERSEN, M.D. . . . .	Mar. 1, 1928

## PATHOLOGICAL HOUSE OFFICERS

July 1, 1926 . . .	STUART F. MACMILLAN, M.D.
Jan. 1, 1927 . . .	SIDNEY FARBER, M.D.

## HOUSE OFFICER IN ROENTGENOLOGICAL DEPARTMENT

Oct. 1, 1926 . . .	L. M. FETNER, M.D.
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## SCHOOL OF NURSING

*Superintendent of Nurses and  
Principal of the School of Nursing*

*Service began*

July 1, 1912 . . . . .	CARRIE M. HALL, R.N.
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*Assistant Superintendent of Nurses*

Sept. 30, 1920 . . . . .	MABEL MCVICKER, R.N.
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## OFFICERS OF THE INSTITUTION

### *Instructor in Theory*

Sept. 1, 1924 . . . . . RUTH SLEEPER, R.N., B.S.

### *Instructor in Practice*

Sept. 3, 1920 . . . . . HELEN M. BLAISDELL, R.N.

### *Instructor in Operating Room Technique*

Jan. 8, 1927 . . . . . OLIVE M. PARKS, R.N.

### *Supervisors*

Oct. 1, 1922 . . . . . LUCY H. BEAL, R.N.

July 1, 1925 . . . . . MARY C. GILMORE, R.N.

June 1, 1921 . . . . . ALICE A. WESTON, R.N.

Apr. 1, 1925 . . . . . NELLIE V. PORTER, R.N.

### *Night Supervisor*

Jan. 30, 1926 . . . . . HELEN GOODWIN, R.N.

### *Assistant Night Supervisor*

Jan. 1, 1926 . . . . . MARION N. BEAN, R.N.

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### Chief — Social Service Department

Aug. 17, 1914 . . . . . ALICE M. CHENEY, R.N.

### Dietitian

May 21, 1925 . . . . . THELMA TUBBS, B.S.

### Apothecary

Dec. 2, 1912 . . . . . HARRY H. COMAN

### Clerk

Apr. 29, 1912 . . . . . LIDA E. CRAWFORD

### Record Librarians

#### *House Records*

June 16, 1922 . . . . . EDITH M. ROBBINS

#### *Out-Patient Records*

Jan. 8, 1912 . . . . . MAUD MACAULAY

### Housekeeper

Nov. 1, 1912 . . . . . ELIZABETH M. PACKARD

### Chief — Mechanical Departments

Oct. 21, 1911 . . . . . JOHN A.AITKEN







## FORM OF BEQUEST

*I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of dollars, the same to be used for the furtherance of its charitable work.*

